Alamance County Transportation Authority
Americans with Disabilities Act (ADA)
Complaint Policy

Introduction

Alamance County Transportation Authority (ACTA) is committed to providing reliable, safe, and satisfying transportation options for the community. Customers of ACTA are a fundamental aspect of our business and as such, their feedback is crucial to the growth and development of the agency.

This complaint has been established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of service by ACTA.

Filing a Complaint

The complaint must contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of problem.

Americans with Disabilities Act (ADA) complainants may contact ACTA by one of the following options listed below. The complaint must be submitted by the complainant or his/her designee as soon as possible, but not later than sixty (60) calendar days after the alleged violation:

Option 1). By US Mail

Alamance County Transporation Authority
PO Box 2746
Burlington, NC 27216

Option 2). By Email

exec@acta-nc.com

Option 3). By Phone

(336) 222-0565

Within fifteen (15) calendar days after receipt of the complaint, the Operations Manager will communicate with the complainant to gather pertinent information regarding the complaint. The Operations Manager will investigate the complaint and explore possible resolutions. Within fifteen (15) calendar days of speaking with complainant, the Operations Manager will respond in writing the findings of the investigation, in a format accessible to the complainant. The response will explain the position of ACTA and offer options for substantive resolution of the complaint.

Resolution Appeals Process

If the response by the Operations Manager does not satisfactorily resolve the issue, the complainant or his/her designee may appeal the decision to the Executive Director within fifteen (15) calendar days after receipt of the response. Please send appeals to:

Alamance County Transportation Authority
Attn: Executive Director
PO Box 2746
Burlington, NC 27216

Within fifteen (15) calendar days after receipt of the appeal. The Executive Director will communicate with the complainant to gather pertinent information regarding the complaint and possible resolution. Within fifteen (15) calendar days after speaking with the complainant, the Executive Director will respond in writing the findings of the investigation, and where appropriate, in a format accessible to the complainant, with a final resolution to the complaint.

Retention

All written complaints received by the Operations Manager, appeals to the Executive Director, and all their responses will be retained by ACTA for at least five (5) years. The written complaints and responses will be retained in the Operations Manager's office.

Reporting

The Operations Manager shall compile a summary of any complaints filed for the staff and employees for use in reviewing and evaluating service.

Tracking

ACTA's Operations Manager shall maintain a tracking system of all ADA complaints that will provide a unique identification of each customer communication and allows ready access to information on the status of the comment at any time.

Protection from Retribution

ACTA's customers should be able to submit complaints without fear of retribution from the agency. If a rider feels like they are being treated unfairly in response to the complaint they have provided, they are encouraged to contact the Operations Manager. ACTA will appropriately work with the Operations Manager to discipline any employee that retaliates against a customer.

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Please fill out completely.

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (___) _____ Best time to call: _____

Email Address: _____

Mobility aid used (if any): _____

Date and Time of Incident: _____

Location of Incident: _____

Vehicle ID Number: _____

Name(s) of employee(s) and/or contractors (if known):_____

_____

Description of what transpired:_____

_____

_____

_____

_____

_____

Other documentation you can provide such as photographs, video, etc? Please explain (if applicable): _____

_____