

Complaint Procedure

ADRC of the Lakeshore' *herein after referred to as ADRC of the Lakeshore* Complaint Procedure is in the following locations:

- ✓ Agency website, either as a reference in the *Notice of Nondiscrimination* or in its entirety
 - ✓ Agency office – (Waiting Room)
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Any person who believes they've been discriminated against on the basis of race, color, national origin, sex, age, or disability by the **ADRC of the Lakeshore** may file a complaint by completing and submitting the **ADRC of the Lakeshore's** Complaint Form.

The Complaint Form may also be used to submit general complaints to the **ADRC of the Lakeshore**.

ADRC of the Lakeshore investigates complaints received no more than **180** calendar days after the alleged incident. **ADRC of the Lakeshore** will process complaints that are complete.

Once the complaint is received, **ADRC of the Lakeshore** will review the complaint and work to resolve the complaint informally, if possible.

If the complaint warrants a formal civil rights complaint process, **ADRC of the Lakeshore** will follow the steps listed in this complaint procedure. **ADRC of the Lakeshore** may also use this formal procedure to address general complaints. If **ADRC of the Lakeshore** determines it has jurisdiction the complainant will receive an acknowledgement letter stating the complaint will be investigated by **ADRC of the Lakeshore** as a civil rights complaint.

ADRC of the Lakeshore has **60** business days to investigate the civil rights complaint. If more information is needed to resolve the case, **ADRC of the Lakeshore** may contact the complainant.

The complainant has **10** business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within **10** business days, **ADRC of the Lakeshore** can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, one of two (2) letters will be issued to the complainant: a closure letter or a letter of finding (LOF).

- ✓ A closure letter summarizes the allegations and states that there was not a Title VI or ADA violation and that the case will be closed.
- ✓ A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision, the complainant has **10** business days after the date of the letter or the LOF to do so. A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact [920-683-4180](tel:920-683-4180); Si se necesita informacion en otro idioma de contacto, [920-683-4180](tel:920-683-4180); Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau [920-683-4180](tel:920-683-4180).

Complaint/Comment Form

We want your feedback. If you would like to submit a complaint or comment, please complete this form, and submit it via email to adamiller@manitowocountywi.gov or in person at the address below.

ADRC of the Lakeshore
1701 Michigan Avenue
Manitowoc, WI 54220

You may also call us at 920-683-4180. Please make sure to provide your contact information in order to receive a response.

Section A: Accessible Format Requirements

Please check the preferred format for this document

Large Print	TDD or Relay	Audio Recording	Other (if selected please state what type of format you need in the box)
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Section B: Contact Information

Name	Telephone Number (including area code)
Address	City
State	Zip Code

Email Address

Are you filing this complaint on your own behalf?	Yes	No
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If no, please provide the name and relationship of the person for whom you are complaining and why you are completing the form on their behalf in the box.

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No
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Section C: Type of Comment

What type of comment are you providing? Please check which category best applies.

Complaint	Suggestion	Compliment	Other
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Which of the following describes the nature of the comment? Please check all that apply.

Race	Color	National Origin	Religion
Age	Sex	Transportation Service	Income Status
Limited English Proficient (L.E.P)		Americans with Disability Act (A.D.A)	

Section D: Comment Details

Please answer the questions below regarding your comment

Did the incident occur on the following type of service? Please circle any that may apply.	Paratransit	Shared Ride Taxi	Bus
What was the date of the occurrence?			
What was the time of the occurrence?			
What is the name or identification of the employee or employees involved?			
What is the name or identification of others involved, if applicable?			
What was the number or name of the route you were on, if applicable?			
What was the direction or destination you were headed to when the incident occurred, if applicable?			
Where was the location of the occurrence?			
Was the use of a mobility aid involved in the incident?	Yes	No	
Please add any additional descriptive details about the incident.			

In the box, please explain as clearly as possible what happened and why you believe you were discriminated against.

Section E: Follow-up

May we contact you if we need more details or information?	Yes	No
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If yes, how would you best liked to be reached? Please select your preferred form of contact:

Phone	Email	Mail
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If you would prefer to be contacted by phone, please list the best day and time to reach you.

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Have you filed a complaint with any other federal, state, or local agencies?	Yes	No
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If yes, list agencies and contact information (agency name, address, email, phone).

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Section F: Desired Outcome

Please list, what steps you would like taken to address the conflict or problem.

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Section G: Signature

Please attach any documents you have which support the allegation. Then date and sign this form and send it to ADRC of the Lakeshore.

Name	Date:
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Signature
