

**Americans with Disabilities Act (ADA)
Complaint Procedure
Regional Transit Commission**

The Iowa Northland Regional Council of Governments (INRCOG) dba Regional Transit Commission (RTC) is dedicated to ensuring that all citizens have equal access to its transportation services. This complaint procedure is established to meet the requirements of the Americans with Disabilities Act (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, by the Regional Transit Commission.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged discriminatory incident. The preferred method is to file the complaint in writing using the ADA Complaint Form (provided below), and sending it to:

Ben Kvigne
Director of Transit
Regional Transit Commission
Waterloo, IA 50703
(319) 233-5213 or 1-800-369-3022 (over the phone interpreting available upon request
TDD or TTY: 1-800-735-2942 (Relay Iowa)

Within 10 working days after receipt of the complaint, Ben Kvigne or his designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 10 working days of the meeting, Ben Kvigne or his designee will respond in writing, and where appropriate, in format accessible to the complainant. The response will explain the position of RTC and offer options for substantive resolution of the complaint.

If the response by Ben Kvigne or his designee does not satisfactorily resolve the issue, the complainant may appeal the decision within 10 working days after receipt of the response to Kevin Blanshan, Executive Director of INRCOG or his designee. Within 10 working days after receipt of the appeal, Kevin Blanshan or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within 10 working days after the meeting, Kevin Blanshan or his designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by Ben Kvigne or his designee, appeals to Kevin Blanshan or his designee, and responses will be retained by RTC for at least three years.

**Americans with Disabilities Act (ADA)
Complaint Form
Regional Transit Commission**

The Regional Transit Commission (RTC) is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by the Americans with Disabilities Act (ADA). ADA complaints must be filed within 60 calendar days from the date of the alleged discriminatory incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact Ben Kvigne, Director of Transit, by calling (319) 233-5213. The completed form must be returned to the Ben Kvigne, Regional Transit Commission, 229 E. Park Ave., Waterloo, IA 50703.

Complainant:	Phone:
	Alt Phone:
Street Address:	City, State, Zip Code
	E-Mail:
Person Preparing Complaint (if different from Complainant):	
Street Address, City, State, Zip Code	

Date of Incident: _____

Please describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of RTC employees involved, if available.

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Description of incident continued:

Have you filed this complaint with any other federal, state, or local agencies? Yes/No (Circle One).
If so, list agency/agencies and contact information below:

Agency

Contact Name

Street Address, City, State, Zip Code

Phone

Agency

Contact Name

Street Address, City, State, Zip Code

Phone

I affirm that the above information is true to the best of my knowledge, and belief.

Complainant's Signature

Date

Print or Type Name of Complainant

Date Received: _____