Monroe Randolph Transit District
ADA Complaint Procedures and Form

Policy and Procedures:

Monroe Randolph Transit District is committed to providing equal access and opportunity to qualified individuals with disabilities in all programs, services and activities, as provided by the Americans with Disability Act (ADA).

ADA transportation service complaints received by Monroe Randolph Transit District will be investigated immediately with every effort made to seek an appropriate and prompt resolution. By promptly identifying deficiency areas, Monroe Randolph Transit District will work to make the necessary corrections or adjustments to alleviate the situation.

All ADA Transportation service complaints shall be submitted in writing on the agency’s complaint form and returned to the ADA Officer of Monroe Randolph Transit District at 820 W 2nd St, Sparta, IL, 62286. Please see the form included or visit our website at mrtansit.org.

The following information is necessary to assist us in processing your complaint. If assistance is required in completing this form, please contact the ADA Officer of Monroe Randolph Transit District at (618) 443-4433. Once completed the form must be returned to Monroe Randolph Transit District to the attention of the ADA Officer at 820 W 2nd St, Sparta, IL, 62286.

The investigative officer shall maintain a log of ADA complaints received from this process. This log will include:

- The date the complaint was filed
- A summary of the allegations
- The status of the complaint, and
- Actions taken by Monroe Randolph Transit District in response to the complaint

Should Monroe Randolph Transit District receive an ADA complaint in the form of a formal charge or lawsuit, the agency’s attorney shall be responsible for the investigation and maintaining a log as described herein.
Monroe Randolph Transit District
ADA Complaint Form

Name: _______________________________________________________________________________

Street Address: ________________________________________________________________________

Phone: ________________________________ Alternate Phone: ______________________________

Person discriminated against (if someone other than complainant):

Name(s): _____________________________________________________________________________

Street Address, City, State & Zip Code: ____________________________________________________

Date of Incident: _______________________________________________________________________

Please describe the alleged incident (attach additional pages if needed):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Continued ADA Complaint Form

Have you filed a complaint with any other federal, state or local agencies?  ☐ Yes  ☐ No

If so, list agency / agencies and contact information below:

Agency: __________________________________________ Contact Person: ______________________

Street Address City, State, Zip Code _______________________________________________________
_____________________________________________________________________________________

Agency: __________________________________________ Contact Person: ______________________

Street Address City, State, Zip Code _______________________________________________________
_____________________________________________________________________________________

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

Complainant’s Signature ____________________________________ Date ______________________

Print or type name of complainant _______________________________________________________

For Monroe Randolph Transit District Use Only

Date Received: ___________________________Received By: ___________________________