

# **Ohio Valley Regional Transportation Authority / Eastern Ohio Regional Transit Authority**

## **TITLE VI/ADA COMPLAINT PROCEDURES**

If you believe you have been discriminated against because of your race, color, national origin, or disability, or you have a complaint about the accessibility of our transit system or service, you can file a formal complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

### **How do you file a complaint?**

You can call us at 304-232-2190, download and use our Title VI/ADA complaint form at [ovrta.org](http://ovrta.org), or request a form by writing or visiting OVRTA / EORTA, 21 S. Huron Street, Wheeling, WV 26003.

You may file a signed, dated, and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address, telephone number, and e-mail address. (See Question 1 of the Complaint Form.)
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged act(s) of discrimination, and any other relevant information. (See Questions 6, 7, 8, and 9 of the complaint form.)
- The names of any persons, if known, who could be contacted for clarity of your allegations. (See Question 10 of the Complaint Form.)

Please submit your complaint form to the office or email address or the fax number listed below:

Lisa Weishar, Executive Director  
OVRTA / EORTA  
21 S. Huron Street  
Wheeling, WV 26003  
Fax: 304-232-0811  
Email: [weishar@ovrta.org](mailto:weishar@ovrta.org)

### **Do you need complaint assistance?**

If you are unable to complete a written complaint or if information is needed in another language, we can assist you. Please contact us at 304-232-2190 or [moreinformation@ovrta.org](mailto:moreinformation@ovrta.org).

### **How will your complaint be handled?**

OVRTA / EORTA investigates complaints received no more than 180 days after the alleged incident. We will process complaints that are complete. You will receive an acknowledgement letter informing you as to whether we will investigate the complaint.

OVRTA / EORTA will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, we may contact you. Unless a longer period is specified, the complainant will have ten (10) days from the date of the letter to send the requested information. If the requested information is not received, we may administratively close the case. A case also may be administratively closed if the complainant no longer wishes to pursue the case.

After an investigation is complete, OVRTA / EORTA will issue you a letter summarizing the results of the investigation by stating the findings and advising of any corrective action to be taken. If you disagree with the determination, you may request reconsideration by submitting a request in writing to the OVRTA / EORTA Executive Director within seven (7) days after the date of the results letter, stating with specificity the basis for the reconsideration. The Executive Director will notify you of his/her decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, the Executive Director will issue you a determination letter upon completion of the reconsideration review.

### **Do I have other options for filing a complaint?**

We encourage that you file the complaint with us. However, you may file a complaint with the Federal Transit Administration.

Federal Transit Administration  
Office of Civil Rights  
1200 New Jersey Avenue SE  
Washington, DC 20590.

**Ohio Valley Regional Transportation Authority / Eastern Ohio Regional  
Transit Authority  
TITLE VI/ADA COMPLAINT FORM**

If you believe you have been discriminated against in the provision of transit services because of your race, color, national origin, or disability, or have a complaint about the accessibility of our transit system or service, please provide the following information to assist us in processing your complaint.

Please mail or return this form to

OVRTA / EORTA  
21 S. Huron Street  
Wheeling, WV 26003  
moreinformation@ovrta.org  
Fax: 304-233-0811

**PLEASE PRINT**

<b>1. Complainant's name:</b>		
Address:		
City:	State:	Zip Code:
Daytime telephone:		
E-mail address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2. Are you filing this complaint on your own behalf?</b>		
<input type="checkbox"/> Yes If YES, please go to Question 6.		
<input type="checkbox"/> No If NO, please go to question 3.		
<b>3. Please provide your name and address.</b>		
Name of person filing complaint on complainant's behalf:		
Address:		
City:	State:	Zip Code:
Daytime telephone:		
E-mail address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>4. What is your relationship to the person for whom you are filing the complaint?</b>		
<b>5. Please confirm that you have obtained the permission of the aggrieved to file a complaint on their behalf.</b>		
<input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission.		

**6. I believe that the discrimination I experienced was based on** (check all that apply)

Race  Color  National Origin  Disability  Accessibility issue  
 Other (please specify)

**7. Date of alleged discrimination** (Month, Day, Year):

**8. Where did the alleged discrimination take place?**

**9. Explain as clearly as possible what happened and why you believe that you were discriminated against.** Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Please use the back of this form or separate pages if additional space is required.*

**10. Please list any and all witnesses' names and telephone numbers/contact information.** *Please use the back of this form or separate pages if additional space is required.*

**11. What type of corrective action would you like to see taken?** *Please use the back of this form or separate pages if additional space is required.*

**12. Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court?**  Yes **If yes, check all that apply.**  No

Federal agency (List agency's name)

Federal court (Please provide location)

State court (Please provide location)

State agency (Specify agency)

County court (Specify court and county)

Local agency (Specify agency)

**13. Please provide information about the contact person at the agency/court where the complaint was filed.**

Name:	Title	
Agency	Telephone (    )	
Address		
City:	State:	Zip Code:

You may attach any written materials or other information that you think is relevant to your complaint.

**Signature and date are required:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If you completed Questions 3, 4, and 5, your signature and date are required.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date