

Mercer County Community Transit (MCCT) provides door-to-door advanced registration transportation for all persons in Mercer County. MCCT provides Shenango Valley Shuttle Service's (SVSS) Americans with Disabilities Act (ADA) complementary paratransit service.

ADA CUSTOMER COMPLAINT POLICY

MCCT and SVSS are committed to providing safe and reliable transportation to all people without discrimination based on disabilities. MCCT and SVSS have adopted the complaint policy, procedures and process to provide its customers with a formal mechanism to file a complaint and obtain a timely and equitable resolution.

MCCT and SVSS operate their programs and services without regard to disabilities in accordance with the ADA of 1990 and Section 504 of the Rehabilitation Act, as amended. Any individual who believes they have been denied the benefits of, excluded from participation in, or subject to discrimination on the grounds of their disability may file a formal complaint with MCCT and SVSS. It is against the law to retaliate against anyone who files a complaint or cooperates in the investigation of a complaint.

MCCT and SVSS advertises its ADA Complaint Policy, Procedures and form on its website (<http://www.mcrcog.com>).

ADA COMPLAINT PROCEDURES

OVERVIEW

The staff person serving as MCCT's and SVSS' ADA Coordinator is responsible for timely review, documentation and equitable resolutions of ADA complaints. The Executive Director of Mercer County Regional Council of Government (MCRCOG) is responsible for ADA Program oversight as well as determining the outcome of appeals.

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a complaint under this procedure. The ADA Coordinator investigates and responds to ADA complaints. A complaint can be filed by:

- In person: MCCT/SVSS, 2495 Highland Road, Hermitage, PA 16148
- Telephone: 724-981-6222 OR 800-222-8797
- Email: mnashtock@mcrcog.com
- US Mail: MCCT/SVSS ADA Coordinator, 2495 Highland Road, Hermitage, PA 16148

MCCT/SVSS has a language line that assists limited English proficient customers.

A complaint form is provided on page four of this document or a form can be downloaded from MCCT/SVSS's website (<http://www.mcrcog.com/Uploads/ADA/ComplaintPolicy.pdf>). The form is located under "ADA Information" and "Complaint Policy" on MCCT's and SVSS' web pages.

MCCT/SVSS needs the following information to process a complaint:

- Required information
 - ✓ Name, address and telephone number
 - ✓ Date and time of occurrence
 - ✓ Route and direction of travel
 - ✓ Employee(s) involved
 - ✓ Location of incident
 - ✓ Description of incident
 - ✓ Preferred method of response
 - ✓ If applicable accessible format needs and/or mobility aids
- Optional information
 - ✓ Email address
- MCCT/SVSS drivers are not permitted to accept complaints from customers and they are instructed to inform customers of the complaint procedures.
- MCCT/SVSS maintains a “separation of authority” for complaint investigation and resolution and, as such, complaints are investigated and/or resolved by staff not involved in the original situation.

Complainants are encouraged to file a complaint with MCCT/SVSS; however, complaints can be filed directly with the Federal Transit Administration (FTA), Office of Civil Rights:

Attention: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

Additional information regarding filing a complaint with the FTA can be found on the agency’s website:
<https://www.transit.dot.gov/regulations-and-guidance/civil-rights-ada/file-complaint-fta>.

All materials are available in accessible format and in languages other than English upon request.

PROCESS

1. MCCT/SVSS investigates a complaint within ten (10) calendar days after receipt of the complaint.
2. MCCT/SVSS responds to the complaint by sending a determination/resolution letter by US postal mail or email.
3. If additional time is needed to resolve a complaint, the determination letter will indicate the additional time needed to investigate the complaint. The additional time will not exceed 30 calendar days from receipt of complaint unless agreed to in writing by the parties.
4. Appeals can be filed within 30 calendar days of receipt of MCCT/SVSS response to the complaint. An appeal can be made in writing, telephone or in person to:

Kim DiCintio, Executive Director
Mercer County Council of Governments
2495 Highland Road
Hermitage, PA 16148
email: kimd@mccog.com
Phone: 724-981-1561

5. Appeals need to identify the reason for the appeal and provide any supporting documentation.
6. MCCT/SVSS will respond in writing within ten (10) calendar days from date appeal was received.
7. The ADA Coordinator documents, maintains and tracks all ADA complaints.
8. The ADA Coordinator maintains individual complaints, files and records for a minimum of one year, and summaries of all complaints for a period of five (5) years.

MCCT AND SVSS COMPLAINT FORM

MERCER COUNTY COMMUNITY TRANSIT/SHENANGO VALLEY SHUTTLE SERVICE				
ADA COMPLAINT FORM				
SECTION I: TYPE OF COMMENT (CHOOSE ONE)				
<input type="checkbox"/> Compliment	<input type="checkbox"/> Suggestion	<input type="checkbox"/> Complaint	<input type="checkbox"/> Other	ADA Related? <input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION II: CONTACT INFORMATION				
Salutation: [Mr./Mrs./Ms., etc.]:				
Name:				
Street Address:				
City:		State:		Zip Code:
Phone:		Email:		
Accessible Format Requirements: <input type="checkbox"/> Large Print <input type="checkbox"/> TDD/Relay <input type="checkbox"/> Audio Recording <input type="checkbox"/> Other: _____				
SECTION III: COMMENT DETAILS				
Transit Service (Choose One): <input type="checkbox"/> Shared-ride/Paratransit <input type="checkbox"/> Bus/Fixed Route				
Date of Occurrence:			Time of Occurrence:	
Name/ID of Employee(s) or Others Involved:				
Vehicle ID/Route Name or Number:				
Direction of Travel:				
Location of Incident:				
Mobility Aid Used (if any):				
If above information is unknown, please provide other descriptive information to help identify the employee:				
Description of Incident or Message:				
How can your issue(s) be resolved to your satisfaction?				
SECTION IV: FOLLOW-UP				
May we contact you if we need more details or information? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the best way to reach you? (Choose One) <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email				
If a phone call is preferred, what is the best day and time to reach you?				
SECTION V: DESIRED RESPONSE				
What is the best way to respond? (Choose One) <input type="checkbox"/> Telephone <input type="checkbox"/> U.S. Postal Mail <input type="checkbox"/> Email Submit completed form to: MCCT/SVSS ADA Coordinator, 2495 Highland Road, Hermitage, PA 16148, by calling 724-981-6222 OR 800-222-8797, email: mnashtock@mccog.com.				
Please attach additional information or details.				