

ADA Complaint Process

In compliance with the U.S. Department of Transportation Americans with Disabilities Act (ADA) of 1990 (49CFR Part 27, 37, 38 and 39), and Section 504 of the Rehabilitation Act of 1973, as amended, Gibson County Council on Aging ensures its services, vehicles, and facilities are accessible to and usable by individuals with disabilities. Anyone who believes he or she has been discriminated against on the basis of disability may file an ADA complaint.

Complaints may be submitted by filing a Customer Service Report/ADA Complaint Form online, by downloading an ADA Complaint Form at www.gibsonseniors.com or by calling 812 385 2897. If the complainant is unable to write a complaint, a representative may file on his or her behalf, or Gibson County Council on Aging staff will provide assistance. Complaints must be filed within 180 calendar days of the alleged incident.

1. The CEO will contact the complainant within 10 business days of receipt of complaint. Any requested information must be received by Gibson County Council on Aging within 5 days of request*.
2. Gibson County Council on Aging will begin the investigation within 15 business days of receipt of complain if the alleged discrimination is found to be a violation of ADA regulations.
3. An investigation into the complaint will be conducted and documented to determine whether Gibson County Council on Aging failed to comply with ADA regulation.
4. Gibson County Council on Aging will complete the investigation within 60 calendar days of receipt of complaint. If additional time is needed for the investigation, the complainant will be notified.
5. Gibson County Council on Aging will Promptly Communicate its response to the complainant, Including its reason for the response. The complainant will have 5 business days from receipt of GCCOA response to file an appeal. If no appeal is filed, the complaint will be closed. GCCOA will process and investigation all complaints that meet the requirements of ADA discrimination. If the complainant fails to provide required information within the required time-frame, the complaint may be closed.

Discrimination ADA/Title VI Complaint Form

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section III:		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin <input type="checkbox"/> Disability
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		

Section VI:

Have you previously filed a Discrimination Complaint with this agency? Yes No

If yes, please provide any reference information regarding your previous complaint.

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

- Federal Agency: _____
 Federal Court: _____ State Agency: _____
 State Court: _____ Local Agency: _____

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

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section VI:

Name of agency complaint is against: _____

Name of person complaint is against: _____

Title: _____

Location: _____

Telephone Number (if available): _____

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are **required** below:

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Gibson County Council on Aging
ATTN: ADA/Title VI Complaint Officer
212 S. Richland Creek Drive
Princeton, IN 47670
Email: exec.director@gibsonseniors.com
A copy of this form can be found at www.gibsonseniors.com