



<b>AgeWell Services of West Michigan</b>	
<b>Policy Name:</b> ADA Complaint Policy, Process and Procedure	
<b>Policy No.</b> HR 3.30	<b>Effective Date:</b> 9-30-2021
<b>Approved:</b> <i>Kristen M. Collee</i>	<b>Last Revised:</b> 7/1/2023

**SCOPE:** AgeWell Services of West Michigan is committed to ensuring that no person is excluded from participation in, be denied the benefits of its programs and services on the basis of disability, especially with a disability in connection with the provision of transportation services. This policy applies to all team members, including paid employees, subcontractors, vendors, and volunteers.

**POLICY:**

Title II and III of the American Disability Act of 1990 (ADA) provides that no entity shall discriminate against an individual with a disability in connection with the provision of transportation services. The law sets forth specific requirements for vehicle and facility accessibility and the provision of service, including access to fixed route bus and complementary paratransit service. AgeWell Services is committed to providing safe and reliable transportation to all people without discrimination based on disabilities.

The plan below was developed to guide AgeWell Services of West Michigan in its administration and management of ADA related activities. For questions regarding the policy, process or procedure, please contact our *ADA Coordinator*:

Jenny Drury, Grants and Contracts Senior Manager  
275 W. Clay Avenue, Suite 100  
Muskegon, MI 49440  
[jennifer@agewellservices.org](mailto:jennifer@agewellservices.org)

**PROCEDURE:**

If AgeWell Services transportation service receives a complaint regarding discrimination against an individual under the ADA, we will respond within 30-days of receiving the complaint and will work to resolve the issue with the complainant as quickly as possible. This may involve legal assistance and/or mediation. We will document all of the process including the resolution and will notify our MDOT project manager of the complaint and the resolution. We will keep the complaint and all related documents on file for at least one year. We will keep a summary of all complaints filed for at least five years. Records will be made available to MDOT upon request. There will be a flyer posted in all public vehicles and facilities.

**Step 1: Start with a Personal Contact**

Before filing your complaint, you may contact the AgeWell Services ADA Coordinator to discuss your concerns. The ADA Coordinator can look into the issue and try to come up with an acceptable resolution to the situation. If you would like additional information, you may contact the AgeWell Service's ADA Coordinator.

**Step 2: Process to File a Complaint**

- File a written complaint with the AgeWell Services transportation service ADA Coordinator as soon as possible, but no later than 180 calendar days after the alleged violation.
- The written complaint should be submitted by the grievant and/or designee.

- You may submit in writing as described below or by using the ADA Complaint Form. Additionally, alternative formats and language translations for this document are available upon request.
- Alternative means of filing complaints – such as a personal interview or a tape recording – will be made available on request by people with disabilities.
- The written complaint should contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem.

### Step 3: Your Complaint is Received

- You will receive a Written Confirmation Letter through E-mail within 48 business hours or US Mail, posted within 48 business days of receipt. A response is sent in the same manner it was received unless otherwise requested.
- Within 15 calendar days after receiving the complaint, an AgeWell Services team members will meet with the complainant to discuss the complaint and possible resolutions.
- Within 15 calendar days of the meeting, the AgeWell Service's ADA Coordinator will respond in writing or by another appropriate accessible format. The response will explain the position of the AgeWell Services transportation service and offer options for substantive resolution of the complaint.
- If the response by the AgeWell Services transportation service ADA Coordinator does not resolve the issue, the complainant and/or designee may appeal the decision within 15 calendar days after receiving the response to the Federal Transit Administration Office for Civil Rights.
- All written documents in the process will be retained by the AgeWell Services transportation service for at least 1 year.

### PROCESS:

- 1) What information should my ADA complaint include?
  - a) Your full name, address, the telephone numbers where we can reach you during the day and evening, and the name of the party discriminated against (if known);
  - b) If known, the name of the person you believe has committed the discrimination;
  - c) A brief description of the acts of discrimination, the dates they occurred;
  - d) Other information you believe necessary to support your complaint, including copies (not originals) of relevant documents; and
  - e) Information about how to communicate with you effectively. Please let us know if you want written communications in a specific format (e.g., large print, Braille, electronic documents).
- 2) How do I file an ADA complaint?
  - a) You may submit the above content in writing through US Mail or E-Mail.
  - b) Attach relevant documents to your email.
  - c) To guide you in providing the requested information, you may use the attached complaint form.
  - d) You will receive a reply email confirming that your complaint has been received within 48 business hours; complaints by US Mail will receive as confirmation through US Mail, posted within 48 business hours.
  - e) Please keep a copy of your complaint confirmation for your records.
  - f) If you do not receive a confirmation letter, please contact the ADA Coordinator.
- 3) What happens after my complaint is received?
  - a) After the complaint is received, we will inform you of our action, which may include:
    - i. Contacting you for additional information or copies of relevant documents;
    - ii. Working with you to resolve the issue;
    - iii. Referring your complaint for possible resolution through an ADA Mediation Program; or
    - iv. Referring your complaint to another federal agency with responsibility for the types of issues you have raised.
- 4) How can I find out the status of my complaint?

We will review each complaint carefully. If you have not heard from us within three weeks, please contact the ADA Coordinator.

**ENFORCEMENT:** This policy is enforced by the Senior Transportation Senior Manager, ADA Coordinator, Mission Services Director, Mission Services Senior Manager, Human Resources Director, and Executive and Associate Directors.

**REFERENCES:**

HR 3.28.1 ADA Complaint Form



## ADA Complaint Form

Title II of the Americans with Disabilities Act  
Section 504 of the Rehabilitation Act of 1973  
Discrimination Complaint Form

Instructions: Please fill out this form completely, sign and mail, fax, or email to:

Jennifer Jordan – ADA Coordinator  
AgeWell Services of West Michigan  
275 W Clay Ave Ste 100  
Muskegon, MI 49440  
Ph: 231-733-8635, 800-442-6769  
[jennifer@agewellservices.org](mailto:jennifer@agewellservices.org)  
[www.agewellservices.org](http://www.agewellservices.org)

Complainant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Business: \_\_\_\_\_

Person Discriminated Against:

Name: \_\_\_\_\_

(if other than the complainant)

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Business: \_\_\_\_\_

When did the discrimination occur? Date: \_\_\_\_\_

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please attach or include other information you believe necessary to support your complaint, including copies (not originals) of relevant documents.

Please tell us how to communicate with you effectively. Please let us know if you want written communications in a specific format (e.g., large print, Braille, electronic documents).

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**REFERENCES:**

AgeWell Service's HR 3.32 ADA Complaint Policy, Process and Procedure