

**LINK Transit  
Americans with Disabilities Act (ADA)  
Complaint Policy**

**Introduction**

LINK Transit is committed to providing reliable, safe, and satisfying transportation options for the community. Customers of TAPS are a fundamental aspect of our business and as such, their feedback is crucial to the growth and development of the agency.

This complaint has been established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of service by LINK Transit.

**Filing a Complaint**

The complaint must contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of problem.

Americans with Disabilities Act (ADA) complainants may contact LINK Transit by one of the following options listed below. The complaint must be submitted by the complainant or his/her designee as soon as possible, but not later than sixty (60) calendar days after the alleged violation:

**Option 1). By US Mail**

City of Burlington/LINK Transit  
234 East Summit Avenue  
Burlington, NC 75090

**Option 2). By Email**

[info@LinkTransit.org](mailto:info@LinkTransit.org)

**Option 3). By Phone**

(336) 222-7351

Within fifteen (15) calendar days after receipt of the complaint, the Transit Manager will communicate with the complainant to gather pertinent information regarding the complaint. The Transit Manager will investigate the complaint and explore possible resolutions. Within fifteen (15) calendar days of speaking with complainant, the Transit Manager will respond in writing the findings of the investigation, in a format accessible to the complainant. The response will explain the position of LINK Transit and offer options for substantive resolution of the complaint.

## **Resolution Appeals Process**

If the response by the Transit Manager does not satisfactorily resolve the issue, the complainant or his/her designee may appeal the decision to the Transit Director within fifteen (15) calendar days after receipt of the response. Please send appeals to:

City of Burlington/LINK Transit  
Transit Director  
234 East Summit Avenue  
Burlington, NC 75090

Within fifteen (15) calendar days after receipt of the appeal. The Transit Director will communicate with the complainant to gather pertinent information regarding the complaint and possible resolution. Within fifteen (15) calendar days after speaking with the complainant, the Transit Director will respond in writing the findings of the investigation, and where appropriate, in a format accessible to the complainant, with a final resolution to the complaint.

## **Retention**

All written complaints received by the Transit Manager, appeals to the Transit Director, and all their responses will be retained by LINK Transit for at least five (5) years. The written complaints and responses will be retained in the Transit Manager's office.

## **Reporting**

The Transit Manager shall compile a summary of any complaints filed for the staff and employees for use in reviewing and evaluating service.

## **Tracking**

LINK Transit shall maintain a tracking system of all ADA complaints that will provide a unique identification of each customer communication and allows ready access to information on the status of the comment at any time.

## **Protection from Retribution**

LINK Transit's customers should be able to submit complaints without fear of retribution from the agency. If a rider feels like they are being treated unfairly in response to the complaint they have provided, they are encouraged to contact the Transit Director. LINK Transit will appropriately discipline any employee that retaliates against a customer.

**LINK Transit  
Americans with Disabilities Act (ADA)  
Complaint Form**

Please fill out completely.

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

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

Mobility aid used (if any): \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Vehicle ID Number: \_\_\_\_\_

Name(s) of agency's employee(s) and/or contractors: \_\_\_\_\_

\_\_\_\_\_

Description of what transpired: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other documentation you can provide such as photographs, video, etc? Please explain (if applicable): \_\_\_\_\_

\_\_\_\_\_