

Complaint Procedure

Sauk County ADRC's Complaint Procedure is made available in the following locations:

- ✓ Agency website, either as a reference in the Notice to Public or in its entirety
 - ✓ Public areas of the agency office (common area, public meeting rooms, etc.)
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Any person who believes they've been discriminated against on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficient (LEP) by **Sauk County ADRC** may file a complaint by completing and submitting **Sauk County ADRC's** Complaint Form.

The Complaint Form may also be used to submit general complaints to the **Sauk County ADRC**.

Sauk County ADRC investigates complaints received no more than 180 business days after the alleged incident. **Sauk County ADRC** will process complaints that are complete.

Once the complaint is received, **Sauk County ADRC** will review the complaint and work to resolve the complaint informally, if possible.

If the complaint warrants a formal civil rights complaint process, **Sauk County ADRC** will follow the steps listed in this complaint procedure. **Sauk County ADRC** may also use this formal procedure to address general complaints. If **Sauk County ADRC** determines it has jurisdiction the complainant will receive an acknowledgement letter stating the complaint will be investigated by the **Sauk County ADRC** as a civil rights complaint.

Sauk County ADRC has 60 business days to investigate the civil rights complaint. If more information is needed to resolve the case, **Sauk County ADRC** may contact the complainant.

The complainant has 30 business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within 30 business days, **Sauk County ADRC** can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, one of two (2) letters will be issued to the complainant: a closure letter or a letter of finding (LOF).

- ✓ A closure letter summarizes the allegations and states that there was not a Title VI/ADA violation and that the case will be closed.
- ✓ A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision, the complainant has 30 business days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact 608-355-3289.

Si se necesita informacion en otro idioma de contacto, 608-355-3289.

Sauk County ADRC - Complaint/Comment Form

Sauk County ADRC is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints.

Please submit this form in person at the address below.

Sauk County ADRC

505 Broadway Street, Room 102

Baraboo, WI 53913

You may also call us at 608-355-3289. Please make sure to provide your contact information in order to receive a response.

SECTION I: TYPE OF COMMENT (Choose One) – provide detail in ‘Comment Details’ below					
Compliment	Suggestion	Complaint			Other
		Title VI: ADA/(Disability): Service: Other:	<input type="checkbox"/> Race <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Gender <input type="checkbox"/> Income Status <input type="checkbox"/> Limited English Proficient LEP	<input type="checkbox"/> Color <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Religion <input type="checkbox"/> Age	<input type="checkbox"/> National Origin <input type="checkbox"/> No
SECTION II: CONTACT INFORMATION					
Name:					
Rider ID (if applicable):					
Street Address:					
City, State, Zip code:					
Phone:					
Email:					
Accessible Format Requirements: (choose preferred format(s))		Large Print	TDD/Relay	Audio Recording	Other
Are you filing this complaint on your own behalf? If you answered “yes” to this question, go to Section IV.		Yes		No	
If not, please provide 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.		Yes		No	
SECTION III: COMMENT DETAILS					
Transit Service (Choose one, as applicable) Bus/Paratransit/Shared-Ride Taxi					
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: As applicable, explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please add additional pages.			
SECTION IV: FOLLOW-UP			
May we contact you if we need more details or information?	Yes	No	
What is the best way to reach you? (choose one)	Phone		
If a phone call is preferred, what is the best day and time to reach you?	Email		
	Mail		
SECTION V: DESIRED OUTCOME			
What steps have you have taken to address the conflict or problem?			
What type of corrective actions took place?			
What remedy are you seeking?			
SECTION VI: ADDITIONAL INFORMATION			
Have you previously filed a complaint with this agency?	Yes	No	
Have you filed this complaint with any other Federal, State or Local agency, or with any Federal or State Court?	Yes	No	
If yes, to the question above, list all agencies contacted:			
Please provide information about a contact person at the agency/court where each complaint was filed. Name, Agency, Address, Phone, Email			

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the **Sauk County ADRC**:

_____ **Complainant Signature** _____ **Date**

_____ **Print Your Name**