

Americans with
Disabilities Act (ADA)
Complaint Policy

**Texoma Area Paratransit System (TAPS)
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Introduction

Texoma Area Paratransit System (TAPS) 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 policy is 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 TAPS.

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 Acts (ADA) complainants may contact TAPS 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: Texoma Area Paratransit System
 HR/Safety Coordinator
 6104 Texoma Pkwy
 Sherman, TX 75090

Option 2). Complaint Line: (903)487-0191 and leave a message. This line is available 24 hours a day, seven days a week.

Option 3). Online: Complainants may go to www.tapsbus.com and fill out the online ADA complaint form.

Within fifteen (15) calendar days after receipt of the complaint, the HR/Safety Coordinator will communicate with the complainant to gather pertinent information regarding the complaint. The HR/Safety Coordinator will investigate the complaint and explore possible resolutions. Within fifteen (15) calendar days of speaking with the complainant, the HR/Safety Coordinator will respond in writing the findings of the investigation, and where appropriate, in a format accessible to the complainant. The

response will explain the position of TAPS and offer options for substantive resolution of the complaint.

Resolution Appeals Process:

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

Texoma Area Paratransit System
General Manager
6104 Texoma Parkway
Sherman, TX 75090

Within fifteen (15) calendar days after receipt of the appeal, the General Manager will communicate with the complainant to gather pertinent information regarding the complaint and possible resolutions. Within fifteen (15) calendar days after speaking with the complainant, the General Manager 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 HR/Safety Coordinator, appeals to the General Manager, and all their responses will be retained by TAPS for at least five (5) years. The written complaints and responses will be retained in the Human Resources office.

Reporting:

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

Tracking:

TAPS 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:

Customers of TAPS 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 General Manager. TAPS will appropriately discipline any employee that retaliates against a customer.

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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): _____
