



**City of Ashland/Ashland Bus System
Title VI/ADA Complaint Procedures and Form**

The City of Ashland and the Ashland Bus System are committed to a policy of nondiscrimination in the provision of public transportation service. If you believe that you have been subjected to discrimination due to your race, color, national origin, or disability, or have a complaint about the accessibility of the Ashland Bus System, you can file a complaint. Please, provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

How do you file a complaint?

You can call us, fill out the attached form, or request a copy of the form by writing or phoning Ashland Bus System, PO Box 1839, Ashland, KY 41105 or 606-385-3287.

You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number. (See question 1 of the complaint form.)
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information. (See questions 6, 7, 8, 9, 10, and 11 of the complaint form.)
- The names of any persons, if known, whom the director could contact for clarity of your allegations. (See question 11 of the complaint form.)

Please submit your complaint form to address listed below:

Corporation Counsel
City of Ashland
PO Box 1839
Ashland, KY 41105-1839

Do you need complaint assistance?

If you are unable to complete a written complaint due to a disability or if information is needed in another language we can assist you. Please contact us at 606-385-3307 or corporationcounsel@ashlandky.gov.

How will your complaint be handled?

The City of Ashland investigates complaints received no more than 180 days after the alleged incident. The City will process complaints that are complete. Once a completed complaint is received, the City will review it to determine if it has jurisdiction. The complainant will receive a letter acknowledging receipt of the complaint and whether the City has jurisdiction to investigate the complaint.

The City will generally complete an investigation within 90 days from receipt of a complaint. If more information is needed to resolve the case, the City may contact you. Unless a longer

period is specified by the City, you will have ten (10) days from the date of the request to send the requested information. If the requested information is not received, the City may administratively close the case. A case may also be administratively closed if you no longer wish to pursue it.

After the investigation is complete, the City will send you a letter summarizing the results of the investigation, stating the findings, and advising of any corrective action to be taken as a result of the investigation. If you disagree with the City's determination, you may request reconsideration by submitting a request in writing to the Corporation Counsel within seven (7) days after the date of the letter, stating with specificity the basis for the reconsideration. The Corporation Counsel will notify you of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, the Corporation Counsel will issue a determination letter to the complainant upon completion of the reconsideration review.

Do I have other options for filing a complaint?

We encourage that you file the complaint with us. However, you may file a complaint with the Federal Transit Administration:

Federal Transit Administration
Office of Civil Rights
1200 New Jersey Avenue SE
Washington, DC 20590

How do I obtain more information?

If you need more information on the City of Ashland/Ashland Bus System's nondiscrimination obligations or complaint procedure, please contact Ashland Bus System at 606-385-3287.



**CITY OF ASHLAND/ASHLAND BUS SYSTEM
TITLE VI/ADA COMPLAINT FORM**

If you believe that you have been subjected to discrimination due to your race, color, national origin, or disability, or have a complaint about the accessibility of the Ashland Bus System, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

Corporation Counsel
City of Ashland
PO Box 1839
Ashland, KY 41105-1839
606-385-3307
corporationcounsel@ashlandky.gov

1. Complainant's name:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ()		
E-mail address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Are you filing this complaint on your own behalf?		
<input type="checkbox"/> Yes If YES, please go to question 6. <input type="checkbox"/> No If NO, please go to question 3.		
3. Please provide your name and address.		
Name of person filing complaint:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ()		
E-mail address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. What is your relationship to the person for whom you are filing the complaint?		
5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf.		
<input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission		
6. I believe that 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 <input type="checkbox"/> Accessibility Issue <input type="checkbox"/> Other		

7. Date of alleged discrimination (Month, Day, Year):

8. Where did the alleged discrimination take place?

9. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

10. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.*

11. What type of corrective action would you like to see taken?

12. Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court? Yes If yes, check all that apply. No

Federal agency (list agency's name)

Federal court (provide location)

State court

State agency (specify agency)

County court (specify court and county)

Local agency (specify agency)

