



Filing an ADA Complaint

Any person who believes they have been discriminated against on the grounds of disability may file a complaint directly with the City or the Federal Transit Administration (FTA). Complaints should be filed within 180 days of the alleged violation.

To file a complaint with the City, complete the City's complaint form, found in Attachment A. The complaint form must be signed and mailed to:

City of Round Rock Attn: Transit Coordinator
3400 Sunrise Road
Round Rock, Texas 78664

Within 5 business days of the receipt of the complaint, the Transit Coordinator will notify, in writing, the complainant and FTA of the receipt of the complaint. The Transit Coordinator will review the complaint, policies and procedures associated with the complaint, and the circumstances under which the alleged discrimination occurred and any other pertinent factors.

Within 30 days of the receipt of the complaint, the Transit Coordinator will send the complainant and FTA a letter of finding. The letter of finding will outline the results of the investigation. If the investigation determines the City is not in violation, the letter of finding will include an explanation and provide notification of the complainant's appeal rights. If the investigation determines the City is in violation, the letter of finding will document the violation and the action the City will take or has taken to resolve the violation.

To file a complaint with FTA, complete the FTA complaint form, found in Attachment B. The complaint form must be signed and mailed to:

Federal Transit Administration
Office of Civil Rights
Attention: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

With your form, please attach on separate sheet(s):

- A summary of your allegations and any supporting documentation.
- Sufficient details for an investigator to understand why you believe a public transit provider has violated your rights, with specifics such as dates and times of incidents.
- Any related correspondence from the transit provider.

Attachment A – City Complaint Form



**City of Round Rock
Civil Rights Complaint Form**

Section 1 – Basic Information

Last Name _____ First Name _____ MI _____

Street Address _____ Apt # _____ Gate Code _____

City/State/Zip _____

Date of Birth _____ Email _____

Primary Phone Number _____ Home Cell Work

Secondary Phone Number _____ Home Cell Work

Section 2 – Complaint Information

1. Please select at least one of the following as the basis of your complaint:

Race _____ Age _____ National Origin _____

Color _____ Gender _____ Disability _____

2. What was the date and place of the alleged discriminatory action(s)? Please include, at a minimum, the earliest and most recent date.

3. Please describe how you were discriminated against, explaining as clearly as possible why you believe your Title VI rights were violated. Attach additional pages, if necessary.

4. Please provide the name(s) of individual(s) responsible for the alleged action described above.

5. Please provide the name(s) of person(s) whom we may contact for additional information to support or clarify your complaint.

Name	Address	Telephone #

6. Briefly explain what action or remedy you are seeking for the alleged discriminatory action.

7. Attach any relevant documentation you believe will assist with an investigation.

Section 3 – Filing Information

1. Have you filed this complaint with any of the following agencies?

- U.S. Department of Transportation Yes No
- U.S. Department of Justice Yes No
- Federal Transit Administration Yes No
- Federal Highway Administration Yes No
- Texas Department of Transportation Yes No
- Equal Employment Opportunity Commission Yes No
- Other _____ Yes No

If yes, please provide a copy of the complaint form you filed with any of the above agencies.

- 2. Is this complaint against the City of Round Rock? Yes No

 - 3. Have you been in contact with a City employee regarding this complaint? Yes No If yes, what is the name and telephone number of the employee?
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- 4. Have you filed a lawsuit regarding this complaint? Yes No

Section 4 - Certification

I certify all the information contained in this complaint is true and correct to the best of my knowledge.

Signature

Date

Authorized Representative Information

Name _____

Phone Number _____

Relationship to the Applicant _____

Signature

Date

Please mail your completed form to:
Transportation Department
Attn: Title VI Complaints
2008 Enterprise Dr.
Round Rock, Texas 78664

{NOTE: The City cannot accept this complaint form without a signature.}

Attachment B – FTA Complaint Form



U.S. Department of Transportation
Federal Transit Administration

Civil Rights Complaint Form

The Federal Transit Administration Office of Civil Rights is responsible for ensuring that providers of public transit properly implement several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program.

In the FTA complaint investigation process, we analyze the complainant's allegations for possible deficiencies by the transit provider. If deficiencies are identified, they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe.

Please mail your completed form to:

**Director, FTA Office of Civil Rights
East Building, 5th Floor – TCR
1200 New Jersey Ave., SE
Washington, DC 20590**

If you have questions about how to prepare a complaint, you may contact our toll-free FTA Assistance Line at 1-888-446-4511. More information about transit-related civil rights requirements may be found on the FTA's website at www.fta.dot.gov.

Note: Apart from the form, *on separate pages*, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence from your transit provider.

Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing out.

Section I

I believe that I have been (or someone else has been) discriminated against on the basis of:

- Race / Color / National Origin
- Disability
- Not Applicable
- Other (specify)

I believe that a public transit provider has failed to comply with the following program requirements:

- Disadvantaged Business Enterprise
- External Equal Employment Opportunity
- Not Applicable
- Other (specify)

Section II

Name:

Street Address:

City:

State:

Zip Code:

Telephone Numbers:

Home:

Cell:

E-Mail Address:

Accessible format requirements:

Large Print

Not Applicable

Other

Section III

Are you filing this complaint on your own behalf?

Yes

No

[If you answered "yes" to this question, go to Section IV.]

If not, please supply 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 IV

Have you previously filed a civil rights complaint with FTA? Yes No

If yes, what was your FTA Complaint Number?

Have you filed this complaint with any of the following agencies?

- Transit Provider Department of Transportation
- Department of Justice Equal Employment Opportunity Commission
- Other

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint? Yes No

If yes, please provide the case number and attach any related material.

Note: FTA encourages, but does not require, riders to first file complaints with their local transit agencies to give them an opportunity to resolve the issue.

Section V

Name of public transit provider complaint is against:

Contact person

Title

Telephone number

Section VI

May we release your identity and a copy of your complaint to the transit provider?

Yes

No

Note: We may be unable to investigate your allegations without permission to release your identity and complaint.

Please sign here: _____

Date:

Note: We cannot accept your complaint without a signature.