



SOUTHEAST AREA TRANSIT DISTRICT: ADA Complaint Process

In compliance with the U.S. Department of Transportation Americans with Disabilities Act (ADA) of 1990 (49 CFR Parts 27, 37, 38 and 39), and Section 504 of the Rehabilitation Act of 1973, as amended, Southeast Area Transit District ensures its services, vehicles, and facilities are accessible to and usable by individuals with disabilities. Anyone who believes he or she has been discriminated against on the basis of disability may file an ADA complaint.

- Form can be mailed by request, please call the SEAT ADA Coordinator at 860-886-2631 extension 101.
- Form can be downloaded from the website [www.seatbus.com/ADA/ADA Complaint Request](http://www.seatbus.com/ADA/ADA%20Complaint%20Request).
- Form can be faxed to 860-886-6097 Attn: SEAT ADA Coordinator
- Send an email to our ADA at gmorse@seattransit.org
- Call 860-886-2631 extension 101 a request can be made over the phone
- Mail a request to: ADA Coordinator
21 Route 12
Preston, CT 06365

If the complainant is unable to write a complaint, a representative may file on his or her behalf, or SEAT staff will provide assistance. Complaints must be filed within 180 calendar days of the alleged incident. The ADA Coordinator will contact the complainant within 10 business days of receipt of complaint. Any requested information must be received by SEAT within 5 days as SEAT will begin the investigation within 15 business days of receipt of complaint if the alleged discrimination is found to be a violation of ADA regulations.

An investigation into the complaint will be conducted and documented to determine whether SEAT failed to comply with ADA regulations.

SEAT will complete the investigation within 60 calendar days of receipt of complaint. If additional time is needed for the investigation, the complainant will be notified.

SEAT will promptly communicate its response to the complainant, including its reasons for the response. The complainant will have 5 business days from receipt of SEAT's response to file an appeal. If no appeal is filed, the complaint will be closed.



**SOUTHEAST AREA TRANSIT DISTRICT:
ADA Complaint Form**

Name:

Street Address:

City or Town/State/Zip Code:

Phone:

Please provide the date(s) and location of the alleged discrimination, the name(s) of the individual(s) who allegedly discriminated against you including their titles (if known) or the lack of accessibility.

Please provide the names, addresses and telephone numbers of any witnesses.

Explain as clearly as possible what happened, how you feel that you were discriminated against and who was involved. Please include how other persons were treated differently from you.

Signature/Date

_____ / _____

You may use additional sheets of paper if necessary. Also include any written materials pertaining to your complaint.

Address:

Southeast Area Transit District
ADA Coordinator
21 Route 12
Preston, CT 06365