

City of West Hollywood Transit Services Request for Accommodation and Procedure to File Discrimination Complaint

The City of West Hollywood is committed to a policy of nondiscrimination in the conduct of its business and to the delivery of equitable and accessible transportation services. Any individual, who believes that he or she has been subject to discrimination on the basis of disability, may request a modification or file a complaint within two weeks of the alleged discrimination.

Complaint Process

The initial request or complaint may be filed with the City's contractor, either by telephone, in person, or in writing using the attached form.

Upon the receipt of the complaint, the manager of the service will investigate the alleged incident, which may include discussion(s) of the complaint with all affected parties and transit personnel, including bus/shuttle operators, customer service staff, and attendants or aides. If additional information is needed, the manager may contact the complainant by phone or in writing. If the manager is able to resolve the issue or implement a modification they will do so within 10 business days from the date the complaint is received. If more time is needed to review the complaint, the contractor will notify the complainant of the estimated time-frame for completing the review.

If the complainant disagrees with the outcome of the manager's findings, the complainant may request reconsideration by submitting a request, by phone or in writing, to the Transportation Program Administrator within ten (10) business days after the receipt of the manager's response. If the complainant is unable or incapable of providing a written statement, the Transportation Program Administrator may take a statement by telephone or face to face. The complainant should provide a detailed description of any items that were not understood and/or any grievances that the complainant may have about the investigation process and/or results. The complaint may then be re-evaluated and discussed by the Transportation Program Administrator and the Social Services Manager. A response will be issued within ten (10) business days.

City of West Hollywood Transit Discrimination Complaint Form

Please fill out this form to the best of your ability. You may also request assistance with completing this form. Sign, date and return to City Hall in person, by mail or by FAX. Alternate means of filing a complaint, such as by telephone, personal interview, audio recording, alternate language or larger print, are available by request.

Section I: (Complainant information)	
Name:	
Address:	
City, State & Zip:	
Telephone (Home):	(Mobile):
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered Yes , go to Section III.	
Section II (Person Filling out Form if not Complainant)	
Name:	
Address:	
City, State & Zip:	
Telephone(Home):	(Mobile):
Relationship to the Complainant: (Mother, Brother, Friend, etc.)	
Please confirm that you have obtained the permission of the complainant if you are filing out this complaint on their behalf.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section III	
I am requesting a modification of service: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please describe the reason you believe you are currently unable to access the City's transit services:	
<hr/> <hr/> <hr/> <hr/>	
What type of modification are you requesting to be able to use the City's transit services?	
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Do you believe you were subjected to discrimination on the City's transit services on the basis of a disability? Yes No

If YES:

Date of alleged discrimination (Month, Day, Year): _____

Time of alleged discrimination (Time): _____

Location of alleged discrimination?: _____
(Address, Bus ID#, and/or Bus Route/Direction)

Please describe in detail the incident in which you believe you experienced discrimination, including which City transportation program. Provide any information available regarding persons who were involved. Include the names and contact information of any witnesses. If needed, please use the back of this form or attach additional pages.

Section IV

Have you filed this specific complaint with any other Federal, State or local agency, or with any Federal or State court?

Yes No

If YES, with what agency or court? Please provide more information below:

Agency/Court:

Contact Name:

Address:

City, State, Zip:

Telephone:

Date Filed:

Signature and date are required below for the City to process this complaint. You may attach any written materials or other information that is relevant to your complaint.

Complainant's Signature

Date