This Grievance Procedure 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 services, activities, programs, or benefits by the Central Indiana Regional Transportation Authority (“CIRTA”). CIRTA's Personnel Policy governs employment-related complaints of disability discrimination.

Grievance Procedure

1. Any individual, group of individuals, or entity that believes they have been subjected to discrimination on the basis of a disability may file a complaint against CIRTA. A formal complaint must be filed within 180 calendar days of the alleged occurrence.
2. Written, signed complaints should be submitted to: Executive Director, CIRTA, 201 E. Washington Street, Suite 202, Indianapolis, IN 46204. If the complainant is unable to provide a written complaint, a CIRTA staff member will assist the complainant in transcribing a verbal complaint into writing, or will provide appropriate aids and services leading to effective communication of the complaint for qualified persons with disabilities. The complaint must be signed by the complainant or his/her representative. Complaints must include dates of occurrences of discrimination and names and job titles of individuals involved when possible.
3. Upon receiving the written complaint, CIRTA will determine its jurisdiction, acceptability, need for additional information, and the investigative merit of the complaint.
4. Once CIRTA decides its course of action, the complainant and the respondent will be notified in writing of such determination within five calendar days. The complaint will be logged into the records of the CIRTA Executive Director, and the basis for the allegation identified including race, color, national origin, disability, age or sex.
5. In cases where CIRTA assumes investigation of the complaint, CIRTA will provide the respondent with the opportunity to respond to the allegations in writing. The respondent will have ten calendar days upon receipt, to furnish CIRTA with his/her response to the allegations.
6. Within 60 days of receipt of the complaint, the Executive Director will prepare a written investigative report. The report shall include a narrative description of the incident, identification of persons interviewed, findings and recommendations for disposition.
7. The recommendation shall be reviewed with CIRTA’s attorney. The attorney may discuss the report and recommendations with the Executive Director and other appropriate CIRTA staff. The report will be modified as needed and made final for its release to the parties.
8. Once the investigative report becomes final, briefings will be scheduled with each party within 15 calendar days. Both the complainant and the respondent shall receive a copy of the investigative report during the briefings and will be notified of their respective appeal rights.

|  |  |
| --- | --- |
| Your name: | Phone: |
| Street address: | Alternate phone: |
| City, state, ZIP: |
| Name(s) of person(s) discriminated against (if someone other than complainant): |
| Street address, city, state, ZIP: |

Date of incident: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_

Please describe the alleged discrimination incident. Provide the names and titles of all CIRTA employees involved if available. Explain what happened and whom you believe is responsible. Please use the back of this form if additional space is required.

Please describe the alleged discrimination incident (continued)

Have you filed a complaint with other federal, state or local agencies? (Circle one) Yes / No

If so, list agency/agencies and contact information below:

|  |  |
| --- | --- |
| Agency: | Contact name: |
| Street address, city, state, ZIP:  | Phone: |

|  |  |
| --- | --- |
| Agency: | Contact name: |
| Street address, city, state, ZIP:  | Phone: |

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant signature Date

Printed or typed name of complainant

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_