

**Catholic Social Services**  
**Transportation Services (Licking County)**  
**ADA Complaint Plan**

**Notifying the Public of Rights Under ADA**

- **Catholic Social Services** operates its programs and services without regard to disability in accordance with Americans with Disabilities Act (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under ADA may file a complaint with **Catholic Social Services**.
- For more information on **Catholic Social Services**' ADA program, and the procedures to file a complaint, please visit the Catholic Social Services' website at [www.colscss.org](http://www.colscss.org); contact 614-857-1200; email: sakinyele@colscss.org or visit our administrative office at 197 E. Gay Street, Columbus, OH 43215. For individuals contacting CSS via a TTY phone, please use the Ohio Relay Service number (800) 750-0750.
- If information is needed in another language, contact 614-857-1200.
- The name of the ADA coordinator is available on CSS's website, at [www.colscss.org](http://www.colscss.org).

**ADA Complaint Procedure**

Any person who believes she or he has been discriminated against on the basis of disability by **Catholic Social Services** (hereinafter referred to as "the Agency") may file an ADA complaint by completing and submitting the agency's ADA Complaint Form. The Agency investigates complaints received no more than 180 days after the alleged incident. The Agency will process complaints that are complete.

Upon receiving a disability related complaint, the Agency's ADA Coordinator will immediately notify the designated ODOT representative. The Agency will also review the complaint to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The Agency has 10 days to investigate the complaint. If more information is needed to resolve the case, the Agency may contact the complainant. The complainant has 10 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information

within 10 business days, the Agency can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not an ADA violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, she/he has 10 days after the date of the letter or the LOF to do so.

### **List of Investigations, Lawsuits and Complaints**

**Period: January 1, 1982 – June 20, 2016**

|                       | <b>Date<br/>(Month, Day,<br/>Year)</b> | <b>Summary<br/>(include basis of<br/>complaint: race,<br/>color, or<br/>national origin)</b> | <b>Status</b> | <b>Action(s) Taken</b> |
|-----------------------|--|--|---------------|------------------------|
| <b>Investigations</b> | <b>None</b>                            |  |               |                        |
| <b>Lawsuits</b>       | <b>None</b>                            |  |               |                        |
| <b>Complaints</b>     | <b>None</b>                            |  |               |                        |

### **Public Participation Plan**

Catholic Social Services is fully committed to supporting the principles expressed in ADA of 1990. There are no fares charged to recipients of our services due to the program's funding sources. The agency incorporates policies and procedures to ensure that no person is excluded from participation in CSS's transportation services except where funding restrictions are employed.

CSS welcomes the public's comments on our services and how we can improve them. Annually, CSS seeks public comments from our clientele thru an annual client satisfaction survey. The agency is also a member of the local transportation coordination sub-committee and works with other community providers to address public needs and concerns. Throughout the year, CSS markets its services to senior citizens & qualified veterans at speaking engagements and public

service fairs. At these events, we are able to obtain information about the public's use of our services. The agency utilizes all these methods to gather information/comments to incorporate into our continuing quality service reviews.



**RESOLUTION**

In the matter of approving an ADA Plan;

Whereas, CSS is a recipient of federal financial assistance and all recipients are required to comply with various non-discrimination laws and regulations, including ADA and related statutes; and

Whereas, the purpose of this plan is to establish guidelines to effectively monitor and ensure that CSS is in compliance with all FTA ADA requirements and regulations in order to carry out the provisions of the Department of Transportation's (DOT) ADA Regulations; and

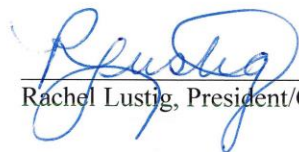
Whereas, the plan outlines CSS's commitment to ensuring that transportation services comply with ADA; and

Whereas, CSS has established this plan in order to:

1. Ensure that the level and quality of transportation services are provided in a non-discriminatory manner;
2. Promote full and fair participation in transportation services without regard to disability;

NOW THEREFORE LET IT BE RESOLVED that the Catholic Social Services' Board of Directors moves to approve the ADA Plan:

  
\_\_\_\_\_  
Tom Winters, Chairman

  
\_\_\_\_\_  
Rachel Lustig, President/CEO

# ADA Complaint Form

|  |             |  |                   |    |
|--|-------------|--|-------------------|----|
| <b>Section I:</b>  |             |  |                   |    |
| Name:  |             |  |                   |    |
| Address:   |             |  |                   |    |
| Telephone (Home):  |             |  | Telephone (Work): |    |
| Email Address:   |             |  |                   |    |
| Accessible Format Requirements?  | Large Print |  | Audio Tape        |    |
|  | TDD         |  | Other             |    |
| <b>Section II:</b>   |             |  |                   |    |
| Are you filing this complaint on your own behalf?  |             |  | Yes*              | No |
| *If you answered "yes" to this question, go to Section III.  |             |  |                   |    |
| 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:<br><br>_____  |             |  |                   |    |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.  |             |  | Yes               | No |
| <b>Section III:</b>  |             |  |                   |    |
| I believe the discrimination I experienced was based on my disability (check one that applies):<br><br>[ ] Yes      [ ] No   |             |  |                   |    |
| Date of Alleged Discrimination (Month, Day, Year): _____   |             |  |                   |    |
| Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information |             |  |                   |    |



|   |     |    |
|---|-----|----|
| <b>Section IV</b>   |     |    |
| Have you previously filed an ADA complaint with this agency?  | Yes | No |
| <b>Section V</b>  |     |    |
| May we contact you if we need more details or information?  |     |    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, check all that apply:<br><input type="checkbox"/> By Phone <input type="checkbox"/> By Email <input type="checkbox"/> By U.S. Postal Mail |     |    |
| <b>Section VI</b>   |     |    |

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Please submit this form in person at the address below, or mail this form to:

**Catholic Social Services** ADA Coordinator  
 197 E. Gay Street  
 Columbus, OH 43215