Best Friend Express and Dial A Ride Transit Service

ADA Discrimination Complaint Process

The Best Friend Express and Dial A Ride transit service has established a process for resolving complaints of discrimination based on disability. Any person who believes he or she has been subjected to discrimination on the basis of disability may file a complaint under this procedure. The LSCOG Transit Operations Manager or his/her designee shall be responsible for overseeing investigations and responses to complaints of discrimination based on disability.

How to File a Complaint: Please complete an ADA Discrimination Complaint Form. ADA Complaint Forms and the ADA Complaint Procedure is available electronically on the Best Friend Express website, or hardcopies of all material is available at the offices of:

Lower Savannah Council of Governments (LSCOG)
Best Friend Express Transit System
PO Box 850
2748 Wagener Road
Aiken, SC 29802
Attn: Christine Chandler, Transit Operations Manager
803-649-7981
cchandler@lscog.org
OR
www.bestfriendexpress.com

Complaints can be filed orally or in writing and should contain:

1. The name, address and telephone number of the individual or representative filing the complaint; complaints filed on behalf of third parties must describe or identify the alleged victims of the discrimination,
2. An explanation of the alleged discrimination or denial of service,
3. The date the alleged violation(s) occurred,
4. Signature of the person filing a written complaint.

Complaints may be submitted by mail, email, left at the front desk, or given over the telephone to a transit representative. If an ADA Discrimination Complaint is given over the telephone, it is important to be very detailed and speak clearly. Once all the information is provided orally for the complaint form, a LSCOG staff member-completed complaint form will be returned to the

caller to insure the accuracy of the caller's complaint and gain a signature from the complainant. Please be aware this added step may create a delay in submission of the finalized complaint form.

Upon Receipt of an ADA Discrimination Complaint:

Within **ten (10) business days** LSCOG will confirm the receipt of a written ADA Discrimination Complaint and let the complainant know the matter is being investigated. The LSCOG Transit Manager will investigate the complaint and respond in writing within **sixty** (**60) business days** from receipt of the complaint. The response will set out a process for the resolution of the complaint. If the decision is no further action will be taken, the written response will state the reasons for such a decision.

All individual ADA Discrimination complaints will be retained on file for at least one year and LSCOG will maintain a summary of all complaints received for no less than five (5) years.
Please note that a transit Contractor's personnel files are confidential; therefore, specific information on disciplinary actions resulting from a complaint will not be divulged.

How to Appeal: The complainant can appeal the decision in instances where he or she is dissatisfied with the resolution. Appeals must be submitted to LSCOG in writing within **sixty (60) days** of receipt of the resolution letter. All appeal requests will be date-stamped to record the date the letter was received by LSCOG.

An appeal hearing will be conducted within **thirty** (**30)** days of receipt of the applicant's written request. Applicants will be notified no later than 15 days after receipt of their original appeal request letter with the scheduled time and location for the appeal hearing. The appeal process must allow for complainants to present their case in person and have necessary support for their appeal.

Personnel other than the person who made the initial complaint decision must conduct the appeal process. An example is two or more of the following representatives may serve on the appeals panel: LSCOG Executive Director, or his/her assigned representative, LSCOG Human Services Dept. Director, or his/her assigned representative, Transportation Service Contractor representative. The appeals panel decision will be mailed to the complainant by letter within 30 days of the hearing. All appeal panel decisions will be final.

Request for appeals should be directed to:

Lower Savannah Council of Governments (LSCOG)
Attn: Asst. Executive Director
PO Box 850
2748 Wagener Road
Aiken, SC 29802

The ADA Discrimination Process and Complaint Form can be available in an accessible format, upon request.

Best Friend Express and Dial A Ride Transit Service

ADA Disability Discrimination Complaint Form

- Please fill out this form completely
  (Please read the ADA Discrimination Complaint Process to learn how to receive assistance, if desired, in completing the form)
- Sign and return this form to the address shown below

Complainant Name: _____

Address:_____

City, State, and Zip:_____

Home Phone:_____Cell Phone:_____

Email:_____

Name, Address, Telephone Number of Person Completing this Form on Behalf of the Complainant:

_____

_____

When did the alleged discrimination occur?

Date:_____Time:_____

Where did the alleged discrimination occur?

Location:_____

Describe your complaint of discrimination:

_____

_____

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(Attached additional pages, if needed)

Signature of Complaintaint:_____

Date:_____

Return Form to:

Lower Savannah Council of Governments (LSCOG)
Best Friend Transit System
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