



Santa Maria Area Transit

ADA COMPLAINT RESPONSE PROCESS MANUAL

General

According to Titles II and III of the Americans with Disabilities Act of 1990 no entity shall discriminate against an individual with a disability in connection with the provision of transportation service. Santa Maria Transit ADA Service is a service where individuals who are unable to use the regular transit system independently (because of a physical or mental impairment). Santa Maria Transit ADA Service offers curb-to-curb transportation for individuals on an appointment basis. The Federal Transit Administration recommends that transit operators have an ADA Complaint Process Manual. This manual will set forth the process and procedures in which ADA Paratransit passenger complaints are managed.

Definitions

ADA: Americans with Disabilities Act.

ADA Brochure: a brochure that provided information on ADA policies and procedures.

City: City of Santa Maria

Complaint: a statement that a situation or ride using ADA Service is unsatisfactory or unacceptable

Process: a series of actions or steps taken in order to achieve a particular end

Title VI: Title VI of the Civil Rights Act of 1964. Title VI prohibits discrimination on the basis of race, color, or national origin in any program or activity that receives Federal funds or other Federal financial assistance.

Receipt of Complaints

Passengers of Santa Maria Transit ADA Service may submit an ADA complaint with the *ADA Complaint Form* (see Appendix I) posted on our website at www.cityofsantamaria.org. A passenger may also submit an ADA Service complaint via the additional means below:

Phone: City of Santa Maria – Transit Division: (805) 925-0951 extension 2459 **OR**
RAPT-Dev: (805) 928-5624

Mail: City of Santa Maria
Department of Public Works -Transit Division
110 S. Pine St, Suite 226
Santa Maria, CA 93458

Email: SMATComments@cityofsanatamaria.org

Complaint Response Process

Passenger ADA Complaint Response Process is as follows:

1. Passenger complaint is received and fully documented in the Customer Service Tracking System.
2. Passenger will receive a *Standard Response Letter of Acknowledgement*. The letter of acknowledgement will be mailed within 72 hours indicating receipt of complaint (see Appendix II).
3. Passenger complaint is investigated by transit and contractor staff using the *ADA Complaint Procedure Form* (see Appendix III). Staff will determine if this is considered an *ADA Complaint*, *Title VI Complaint* or *General Complaint*.
4. Upon determination, transit staff will generate an *ADA Complaint Response Letter* (see Appendix IV) within 45 days of receipt date. The passenger will receive this letter indicating if a corrective action is needed and will be provided information on how to contact FTA if they wish to do so.
5. Transit staff and/or contractor will document complaint determination and response in Customer Service Tracking System.

ADA Passenger Resources for Complaint

Passengers can review ADA Service information on the city's website at www.cityofsanatamaria.org or www.ridesmat.com. This webpage includes a copy of the following:

ADA Brochure

ADA brochure highlights who is eligible to use this service, trip reservations, visitors, areas of service, tips for best service, additional and special needs, rider conduct, fares, cancelations, as well as filing a complaint. For a full copy of the Santa Maria Transit ADA Bus Service Brochure a copy can be downloaded from the City website.

ADA Complaint Form

A passenger *ADA Complaint Form* can be downloaded from the City website (see Appendix IV).

Appendix II

SAMPLE STANDARD RESPONSE LETTER OF ACKNOWLEDGEMENT

[DATE]

[PASSENGER FIRST, LAST NAME]

[ADDRESS]

[CITY, STATE, ZIP]

SUBJECT: ADA PASSENGER COMPLAINT LETTER OF ACKNOWLEDGEMENT

Dear [PASSENGER NAME],

Santa Maria Transit (SMAT) appreciates the time you took to contact us. This response is to inform you that we have received your American with Disabilities Act (ADA) Customer Concern. We will contact you within 72 business hours; Monday through Thursday, between the hours of 8:00 a.m. to 5:00 p.m.

SMAT aims to make your transportation experience easy and enjoyable. We sincerely apologize if you have encountered an unpleasant experience.

If you have any additional information that you think will help us to assist you, please feel free to reply to this email/letter.

We look forward in addressing your ADA Customer Concern.

Kindest Regards,

[SMAT Employees Name]

[SMAT Employees Contact Information]

Appendix III

SAMPLE ADA COMPLAINT PROCEDURES FORM

Section I:

Transit staff to complete concern in the customer service data.

Customer name

Customer contact number

Customer report number:

Investigation date:

Complaint received by:

ATTACH CUSTOMER SERVICE REPORT

Section II:

Details of complaint:

Is the complaint time sensitive? Yes No

Section III

Review complaint with the complainant or their Personal Care Attendant (PCA) or the person assisting the complainant with the complaint.

Name of complainant:

Was the complaint reviewed with the complainant?

Yes No

If not, please provide the name of the person speaking on behave of the complainant.

Name:

Please indicate the relationship to the complainant.

Was permission granted by the complainant? Yes No

Language spoken by complainant:

English Spanish

Name of transit staff reviewing customer complaint:

Additional comments:

Section IV

Name of staff member/members investigating the complaint.

Name:

Title

Name:

Title

Section V

Findings of complaint

Classification of finding: No Findings An error on SMAT's Part

Identification of an issue that needs to be addressed

Section VI

Recommendations made.

Reasons for Recommendations

Section VII

Complaint & Recommendation review with transit manager

Does the Transit Manager concur with the resolution?

Yes No

Resolution date:

Section VIII

Has Transit Staff contacted the complainant by phone to review the findings?

Yes No

Date contact was made:

Time contact was made:

Has Transit Staff mailed a letter to complainant summarizing the complaint, findings recommendations and the reasons for the recommendation?

Yes No

Date letter was mailed out:

Date complaint was closed:

Section IX

Transit Staff to file form in customer complaint binder under ADA section

Attach copy of complaint from Customer Data Base

Print Name of Transit Staff completing this form

Date

Signature of Transit Staff completing this form

Date.

Print Name of Transit Manager

Date

Signature of Transit Manager

Date

DRAFT

Appendix IV

SAMPLE ADA COMPLAINT RESPONSE LETTER

[DATE]

[PASSENGER FIRST, LAST NAME]

[ADDRESS]

[CITY, STATE, ZIP]

SUBJECT: ADA PASSENGER COMPLAINT RESPONSE LETTER

Dear [PASSENGER NAME],

Thank you for taking time to contact Santa Maria Transit (SMAT) to explain the issues you have encountered recently. SMAT highly appreciates your feedback as it will assist us in becoming better at what we do. Please accept our sincerest apology for any trouble or inconvenience we have caused you; we assure you that we wish to retain you as a satisfied customer.

Our Transit Team has reviewed the information you provided and has conducted a full investigation in order to resolve the concern.

The summary of findings are as follows:

The recommendations are:

Reasons for recommendations:

If you have any additional questions or concerns, you may contact us by mail at,

City of Santa Maria
Public Works/Transit Division
110 Pine Street Suit 221
Santa Maria, CA 93458
(805) 925-0951 Ext. 2459

Should you wish to contact an external entity, you may also contact the following in writing:

U.S. Department of Transportation
Federal Transit Administration
Office of Civil Rights
Federal Transit Administration
1200 New Jersey Avenue, SE
Washington D.C. 20590



Thank you for giving us the opportunity to assist you.

Sincerely,

TRANSIT SERVICES MANAGER

