

## FY 20 ADA COMPLAINT INFORMATION

*You must retain copies of complaints for at least one year and a summary of all complaints for at least five years.*

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NAME OF APPLICANT (Legal organization name)

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**Has the agency been named in any lawsuits or complaints in the last year which allege an individual was discriminated against or denied full participation in transportation based on disability.**

Yes      No

Include a brief description of the complaint and status.

**In the last year, have you had ADA compliance review conducted on your transportation program as part of an overall FTA or MDOT Compliance Review?**

Yes      No

Provide a summary including the purpose or reason for the review, the name of the agency or organization that performed the review, the findings and recommendations of the review, and a report on the status and/or disposition of such findings and recommendations.

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**Have any changes been made to your ADA Complaint Policy?**

Yes          No

Please provide an explanation of changes.

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**If your agency is operating inaccessible revenue vehicles, is equivalent service\* being offered to riders?**

\* Equivalent service means that all riders, including wheelchair users, must be provided with the same level of service.

Yes          No

Please provide an explanation why equivalent service is not offered to riders.

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