

## **Voluntary Action Center of Northern Illinois** **ADA Complaint Procedures and Form**

### **Policy and Procedures:**

The Voluntary Action Center of Northern Illinois (VAC) is committed to ensuring safe and efficient transportation for persons with disabilities, as provided by the Americans with Disability Act (ADA).

Any ADA transportation service complaints received by VAC will be immediately investigated and every effort made to seek an appropriate and prompt resolution. By promptly identifying deficiency areas, VAC will work to make the necessary corrections or adjustments to alleviate the situation.

All ADA Transportation service complaints shall be submitted in writing on the agency's complaint form and returned to the VAC ADA Officer or Chief Operations Officer at 1606 Bethany Rd., Sycamore, IL 60178. *Please see the attached form.*

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the VAC ADA Officer or Chief Operations Officer at (815) 758-3932. The completed form must be returned to VAC's ADA Officer, or Chief Operations Officer, 1606 Bethany Rd., Sycamore, IL 60178.

The investigative officer shall maintain a log of ADA complaints received from this process which log shall include the date the complaint was filed, a summary of the allegations, the status of the complaint, and actions taken by VAC in response to the complaint. Should VAC receive an ADA complaint in the form of a formal charge or lawsuit, the agency's attorney shall be responsible for the investigation and maintaining a log as described herein.

**Voluntary Action Center of Northern Illinois**  
**ADA Complaint Form**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Person discriminated against (if someone other than complainant):

Name(s): \_\_\_\_\_

Street Address, City, State & Zip Code: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Please describe the alleged incident (attach additional pages if needed):

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(Description of incident continued):

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Have you filed a complaint with any other federal, state or local agencies?  Yes  No  
If so, list agency / agencies and contact information below:

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address, City, State & Zip Code \_\_\_\_\_

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address, City, State & Zip Code \_\_\_\_\_

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

\_\_\_\_\_  
**Complainants Signature** **Date**

Print or type name of complainant: \_\_\_\_\_

**For VAC Use Only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_