



American with Disabilities Act (ADA) complaint Process

Yakima Transit is committed to providing safe, reliable, and accessible transportation options for the community. Yakima Transit works to ensure that no qualified individual with a disability be discriminated against by Yakima Transit, its contractors, nor sub recipients per U.S. Department of Transportation American with Disabilities Act (ADA) of 1990 (49 CFR Parts 27, 37, 38 & 39).

If you feel you have been subjected to discrimination on the basis of disability and denied participation in or benefits of Yakima Transit's services please file a complaint using the process outlined herein.

How to file a complaint

Riders can submit an ADA Complaint form to Yakima Transit in the following ways:

1. In-person at the Yakima Public Works building located at 2301 Fruitvale Blvd, Yakima, WA 98002.
2. US Mail: Riders may mail ADA Complaint Forms to Yakima Transit, 2301 Fruitvale Blvd, Yakima, WA 98002.
3. Telephone at (509) 575-6175. Riders may call Monday Through Friday 5:30 AM – 6:30 PM, Saturday 7:00 AM – 6:30 PM, or Sunday 8:00 AM – 4:00 PM.
4. Email to AskTransit@YakimaWA.gov
5. Fax to (509) 576-6414

Feedback Review Acknowledgement & Investigation Process

All feedback received regarding Yakima Transit's ADA compliance is valuable. After a complaint is received, the Customer Service staff will route to the appropriate supervisor who will investigate the complaint. All complaints will receive a response within ten (10) business days provided contact information is accurate and legible. Investigation by supervisory staff will begin within fifteen (15) days of complaint submittal and be completed within sixty (60) calendar days. The findings of the investigation will be communicated to the complainant within three (3) business days of the conclusion of the investigation. Should the response from Yakima Transit not meet the expectations of the complainant, the complainant has five (5) business days to file an appeal. If no appeal is filed the complaint will be closed.

Feedback Assistance

If you are unable to complete a written or telephone complaint due to a disability or if information is needed in another language we can assist you. Please contact us at (509) 576-6414.

Si usted no puede hacer una queja por escrito debido a una discapacidad o si necesita información en otro idioma podemos ayudarle. Por favor contáctenos en (509) 576-6414.



**American with Disabilities Act
(ADA) Complaint Form**

PLEASE PRINT CLEARLY

Section 1 – Contact Information

Name: _____

Phone: _____

Mailing Address: _____

City/State/ZIP code: _____

Email: _____

Do you require an accessible format? (Circle)

Large Print TTY/TDD Audio Tape Other _____

Are you filing this complaint on your own behalf? (Circle One)

Yes No

If No, provide the name and relationship to the person for whom you are filing the complaint:

Section 2 – Alleged Discrimination Information

Date and Time of Alleged Discrimination: _____

Location of Alleged Discrimination: _____

Which Yakima Transit Service was being used when the discrimination Occurred? (Circle One)

Fixed Route Bus Service

Dial-A-Ride Paratransit Service

Vanpool

Yakima-Ellensburg Commuter

If Fixed Route Bus Service please provide the route, direction of travel, and bus number (if known):

Please explain the events that occurred and why you believe you were discriminated against. Please include the names, titles, and descriptions of Yakima Transit employees who were involved and any witnesses with their contact information. For additional space you may attach written materials.

What type of corrective action would you like to see taken?

Section 3 – Complaint Information

Have you previously filed a disability complaint with Yakima Transit?
(Circle One):

Yes No

Have you filed this complaint with other Federal, State, or Local
Agencies? (Circle One):

Yes No

If Yes, list the agency/agencies and contact information below:

Agency: _____

Contact Name / phone number:

Agency: _____

Contact Name/Phone Number:

Section 4 – Signature

Please sign and date

Name

Date