# Claiborne County Human Resource Agency Americans with Disabilities

Act Policy



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**Policy & Procedures**

It is the policy of the Claiborne County Human Resource Agency/Public Transit to ensure that persons with disabilities have equal access to the public transportation services; that this facility, services and programs are accessible to persons with disabilities, that this agency provides service to passengers with disabilities in the same vehicles and facilities as the general public during the same operating hours. Under the American with Disabilities Act (ADA), a person with disability is defined as a person with a physical or mental impairment that substantially limits one or more major life activities such as:

* Seeing
* Hearing
* Speaking
* Walking
* Breathing
* Learning
* Caring for oneself
* Working
* Performing manual tasks

Examples of those disabilities are visual impairment, mental impairment, deaf; mobility impairment, speech impairment, short stature, cognitive impairments, etc. All disabilities are not visible.

**Procedural Application**

* All new buses purchased or leased after August 26, 1990 must be accessible –lift equipped or low to floor to individuals with disabilities, including wheel chair users.
* Complementary paratransit service must be provided for individuals with disabilities whose disabilities prevent them from using the fixed route systems.
* Bus stops and facilities must be accessible to individuals with disabilities.
* Vehicles must be accessible unless, when viewed in its entirely, is providing equivalent service to passengers with disabilities.

**Maintenance of Vehicles Accessible Features**

* Accessible features and equipment must be kept in working order. This includes lift, securement systems, and public address systems, stop requested signs and elevators.
* Lifts must be pre and post checked on a regular basis to ensure that they are working.
* Drivers must report non-working lifts immediately.
* Non-working lifts must be taken out of service and repaired promptly.

Reasonable steps must be taken to continue serving passengers with disabilities.

**Mobility Aids & Life Support**

***Lifts and Securement***

* + Drivers must transport all persons using wheelchairs or other mobility aids in common use. Drivers cannot refuse to transport any individual using a common wheelchair Lift the chair cannot be secured. A common wheelchair measures no more than 30 inches wide and 48 inches long and weighs no more than 600 lbs. occupied.
  + Standees must be allowed to use the lift upon request.
  + Passengers using wheel chair or other mobility aids must use the securement positions. Drivers are not required to transport a wheelchair if it has to be parked in the aisle or if it obstructs the passage of others.
  + F all wheelchair securement positions are occupied, drivers are not required to transport other individuals who need the wheelchair location.
* Wheelchairs must be secured; however, drivers may not deny transportation because the wheelchair cannot be secured.
* Driver may not require that passengers using wheelchairs be restrained by a lap belt or shoulder harness.
* Drivers may recommend, but not require that **a** passenger transfer to seat.
* Upon request of the passenger, drivers must assist with securing the

wheelchair if the passenger cannot do so independently.

***Life Support***

* + Drivers must announce stops at major intersections and destinations, transfer points, and at the request of passengers with disabilities.
  + Announcements may also be made by recorded systems.
  + Where more than one bus serves the same stop, drivers must provide means to help passengers with visual impairments to identify their buses.
  + Service animals must be permitted to accompany passengers with disabilities on buses, provided their presence does not create a direct threat to the safety of others. Do not touch or feed a service animal without asking the owner's permission. Service animals must be kept under control by the owners at all times and comply with local animals safety regulations. If the animal gets out of control it may be removed from the vehicle and turned over to the local animal officials, if appropriate.. If you are not sure that the animal is not a service animal, say "pets are not allowed." If the passenger responds that the animal is a service animal, then you may ask the passenger if he/she has a disability. Please do not request that the passenger identify his/her disability.
  + Communications and information about the bus service must be available to the

individual with disability with accessible formats and appropriate technology

(Braille, large print, audio, TTY, etc.)

* + Passengers with disabilities shall be permitted adequate time to get on and off the bus.
  + Passengers with disabilities shall be permitted to travel with respirators and portable

oxygen.

* + When passengers with a disability needs a priority seat, the driver shall

ask other passengers to move , unless a passenger with disability or senior citizen is already seated in the designated priority seat.

* + When a passenger with disability needs to occupy the wheel chair securement location

, the driver shall ask, not force passengers who are seated in the fold down seats to move other seats.

**Reasonable Modification Requests and ADA Complaint Process for Persons with Disabilities**

**Claiborne County Human Resource Agency** is committed to providing equal access and opportunity to qualified individuals with disabilities in all programs, services, and activities.  In some cases, individuals with disabilities may need reasonable modifications to policies and procedures to ensure access to transit services.  **Claiborne County Human Resource Agency** will provide reasonable modifications, as necessary, to afford equal access to programs for persons with disabilities.  **Claiborne County Human Resource Agency** will take appropriate steps to ensure that persons with disabilities have an equal opportunity to participate.

Any person who believes he or she has been discriminated against under the Americans with Disabilities Act (ADA) including but not limited to obtaining a reasonable modification may file a complaint by contacting **Claiborne County Human Resource Agency, Mrs. Annie Conner, Executive Director, P.O. Box 719 Port Gibson, MS 39150, 601.437.3063**

**or**

**Office of Civil Rights**

**Federal Transit Administration**

**1200 New Jersey Avenue, SE**

**Washington, DC 20590**

**Phone: 888-446-4511**

**Claiborne County Human Resource Agency**

**Americans With Disabilities Complaint Filing Procedures**

1. Complaints may be submitted in writing to the affected transit provider, applicant or

contractor prior to the complainant submitting a formal complaint to the Division.

Complaints made by or on behalf of the complainant(s) must be signed by the

complainant(s).

2. Written complaints concerning FTA funded projects or services submitted to the MDOT

may be submitted through the Public Transit Division. Complainants are to be made aware

by the MDOT that copies of the written complaint may be filed with the FTA Regional

Administrator and/or Civil Rights Office.

3. In those situations where the complainant is unable to provide a written complaint, a

verbal complaint made to the Mississippi Department of Transportation’s Executive

Director, Director of Civil Rights and the Public Transit Administrator shall be accepted

and shall be considered sufficient to justify staff review of the complaint.

4. Prior to any formal compliance review or investigation by the staff, the complaint must

be put in a written format that identifies specific allegation. The written allegation

statement must be signed by the complaint. The Public Transit Division staff and the

Director of Civil Rights may provide technical assistance in explaining the discrimination

complaint procedures.

5. All written complaints of discrimination will be referred as a matter of routine procedure

to the Department's legal counsel.

6. Within fifteen (15) working days of receipt of a written complaint, the complainant(s)

are provided written acknowledgment, that the complaint has been received.

Complainants will also be made aware of their right to file a complaint with the FTA

Regional Office.

7. Staff of the Public Transit Division will be given subsequent steps to be taken

in resolving or investigating the complaint by the Director of Civil Rights, legal counsel

and the Human Resources Division.

8. All complaints and subsequent related documents will be added to the files

maintained by the Division.

9. All applicants and/or contractors that are the subject of an ADA written complaints

shall be notified in writing by the Director at the time that the complainant receives the

acknowledgment referenced in #6 above.

10. Failure of the complainants to cooperate in the filing, investigation and/or resolution

of a complaint will be considered cause for the MDOT to issue a determination that

further investigation is not supported by the available information; and shall be considered

basis for a finding of probable non-compliance. As such, the MDOT shall notify FTA in

writing of the circumstances. A finding of non-compliance resulting from the failure or refusal of the grantee or contractor to cooperate may be sufficient to withhold

approval of pending applications, payments or contracts.

11.Within forty-five (45) days of the receipt of a written complaint, the complainant(s)

will receive a written notice of action taken on all complaints as a status report.

Such a notification is to include:

a. Identification of any referrals to FTA, legal counsel or other affected parties

b. Status of the MDOT's review or investigation

c. Request(s) for any additional information

Complaint Review Report. A written complaint review report will be prepared by the Public

Transit Division Administrator for review by the Director, Office of Intermodal Planning,

Human Resource Director and Legal Counsel as appropriate. This report will be used as the

basis of finding(s)/determination(s) and may be used to report non-compliance findings to FTA.

Moreover, MDOT will establish and maintain an internal manual and computerized

tracking system for all filed ADA complaints.

A complainant may file a complaint directly with the following federal office:

**Federal Transit Administration (FTA), Office of Civil Rights**

**Attn: Title VI Program Coordinator**

**East Building,**

**5th Floor-TCR**

**1200 New Jersey Avenue SE**

**Washington, D.C. 2059**

**ADA COMPLAINT FORM**

This complaint procedure is designed to resolve conflicts involving allegations of discrimination in access to Claiborne County Human Resource Agency transit programs, services, and activities for persons with disabilities under the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I:** | | | | | | | | | | | |
| Name: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Telephone (Home): | | | | Telephone (Work): | | | | | | | |
| **Do you require a reasonable accommodation in order to more effectively communicate your complaint?** | | | | | | | | | | | |
| Accessible Format Requirements? | Large Print | |  | | | Audio Tape | | | | |  |
| TDD | |  | | | Other | | | | |  |
| **Section II:** | | | | | | | | | | | |
| Are you filing this complaint on your own behalf? | | | | | | | Yes\* | | No | | |
| \*If you answered "yes" to this question, go to Section III. | | | | | | | | | | | |
| If not, please supply the name and relationship of the person for whom you are complaining: | | | | | | |  | | | | |
| Please explain why you have filed for a third party: | | | | |  | | | | | | |
|  | |  |  | | |  | | | |  | |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. | | | | | | | Yes | | | No | |
| **Section III:** | | | | | | | | | | | |
| Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_\_\_\_\_\_  Explain as clearly as possible what happened and why you believe you were discriminated against. **Identify service, program or activity out of ADA/504 compliance.** Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Section IV** | | | | | | | | | | | |
| Have you previously filed an ADA complaint with this agency? | | | | | | | Yes | No | | | |
| **Section V** | | | | | | | | | | | |
| Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  [ ] Yes [ ] No  If yes, check all that apply:  [ ] Federal Agency:  [ ] Federal Court [ ] State Agency  [ ] State Court [ ] Local Agency | | | | | | | | | | | |
| Please provide information about a contact person at the agency/court where the complaint was filed. | | | | | | | | | | | |
| Name: | | | | | | | | | | | |
| Title: | | | | | | | | | | | |
| Agency: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | |

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please submit this form in person at the address below, or mail this form to:

**Annie Conner**

**Executive Director**

**Claiborne County Human Resource Agency**

**P.O. Box 719**

**Port Gibson, MS 39150**