ADA CONSUMER COMPLAINT AND INCIDENT PROCEDURES

Quality Customer Service is the primary goal of STEP Transportation. If at any time a consumer feels that they are not receiving quality service, they may follow the Consumer Complaint and Incident Procedures to voice their concerns. A complaint is considered a written or verbal expression of dissatisfaction by a consumer. This policy does not override appeal processes regulated by specific funding sources. Complaints may be simultaneously submitted with River Valley Transit, The contracting agency for STEP Transportation's ADA Services.

Step 1

A grievance of a consumer should first be discussed on an informal basis with the Customer Service Representative assigned to handle customer concerns. Attempts should be made to solve the problem through a personal meeting or by telephone. The Customer Service Representative will fill out an incident form describing the grievance and send it to all concerned parties. A final incident form, including the results of any investigation including corrective action(s) if taken, will be sent to all concerned parties.

• For Step 1, please contact STEP Transportation at 570-323-7575.

If the grievance is a suspension of transportation service, the service shall continue until the grievance is resolved or the grievance process is completed.

Step 2

Consumers should submit unresolved grievances in writing to the Program Manager within a week following receipt of the completed incident report. The Program Manager will meet with the consumer and attempt to resolve the matter. The Program Manager will give the consumer a decision within two weeks.

• For Step 2, please send all correspondence addressed to: STEP Transportation Program Manager, 2138 Lincoln Street, Williamsport, PA 17701.

Step 3

An appeal from the written decision of the Program Manager must be presented in writing to the Human Resources Operations Director within a week following receipt of the Program Manager's decision. The Human Resources Operations Director will review the written appeal, and within two weeks will issue a decision. The Chief Operations Officer decision will be final on grievances not covered under other grievance or appeal processes through funding sources.

• For Step 3, please send all correspondence addressed to: Human Resources Operations Director, 2138 Lincoln Street, Williamsport, PA 17701

Step 4

Consumers may have other appeal rights depending on the consumer's eligibility status (funding source). If applicable, additional grievance or appeal rights will accompany the written decision from the Human Resources Operations Director. Program staff will assist the consumer, if requested, in the processing of other grievance or appeal processes.

Step 5

Should the consumer wish to continue the appeal process, Transportation staff will provide the required contact information and assistance in generating that appeal to the appropriate funding source contact.

Americans with Disabilities Act(ADA) Complaint Form

STEP, Inc's Transportation ADA Complaint Procedure is made available in the following locations:

☐ Agency website, either as a reference in the Notice to Public or in its entirety

☐ Hard copy in the central office

□ Available in appropr□ Other,	iate languages for LEP popul	ations, meetir -	ng the Safe Harbor	Threshold.	
Section I:					
Name:					
Address:					
Telephone (Home):			Work):		
Electronic Mail Address:					
Accessible Format	Large Print		Audio Tape		
Requirements? Section II:	TDD		Other		
	1 1 1/0		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
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 (M	-				
Explain as clearly as possible what happened and why you believe you were discriminated against. 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	A complaint with this agency?		Yes	No	
Thave you providedly mod arry by toomplaint with this agency.		100			
Section V			1		
Have you filed this complaint with	n any other Federal, State, or	local agency, o	r with any Federal or	State court?	
[] Yes []	No				
If yes, check all that apply:					
[] Federal Agency:					
[] Federal Court		[] State Agency			
[] State Court	Court [] Local Agency				

Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone number:
You may attach any written materials or other information that you think is relevant to your complaint.
Signature and date required below

Date

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

Jean M. Myers Human Resources Operations Director **STEP, Inc.** 2138 Lincoln Street Williamsport, PA 17701

Email: jmmyers@stepcorp.org

Phone: 570-601-9522 Fax: 570-601-9517

Signature