

HEALTHSOURCE SAGINAW TRANSPORTATION ADA COMPLAINT AND REASONABLE MODIFICATION POLICY

Title II and III of the Americans with Disabilities Act of 1990 (ADA) provides that no entity shall discriminate against an individual with a disability in connection with the provision of transportation services. Title II of the ADA prohibits state and local governments from discriminating against people with disabilities. Title III establishes accessibility requirements for places of public accommodation. The law sets forth specific public transit requirements for vehicle and facility accessibility and the provision of service, including access to fixed route bus and complementary paratransit service. HealthSource Saginaw is committed to providing safe and reliable transportation to all people without discrimination.

The attached flyer (Attachment A) will be posted in all transit agency buses, facilities, and websites.

ADA COMPLAINTS

If HealthSource Saginaw receives a complaint regarding discrimination against an individual under the ADA, we will respond within 30-days of receiving the complaint and will work to resolve the issue with the complainant as quickly as possible. This may involve legal assistance and/or mediation. We will document the entire process, including the resolution, and notify the Michigan Department of Transportation (MDOT) Office of Passenger Transportation (OPT). We will keep the complaint and all related documents on file for at least one year. We will keep a summary of all complaints filed for at least five years. Records will be made available to MDOT OPT upon request.

What information should my ADA complaint include?

Your written ADA complaint should provide the following information:

1. Your full name, address, telephone number, and e-mail address where we can reach you during the day and evening.
2. The name of the party discriminated against, if known.
3. The name of the person you believe committed the discrimination, if known.
4. A brief description of the alleged discrimination and the dates they occurred.
5. Other information you feel is necessary to support your complaint, including copies (not originals) of relevant documents.
6. Information about how to communicate with you effectively. Please let us know if you want written communications in a specific format (e.g., large print, Braille, electronic documents).

To guide you in providing the requested information, you may use the attached ADA complaint form. (Attachment B)

How do I file an ADA complaint by email?

Include all of the information listed above, either in the body of the email or in an attachment. Attach relevant documents to your email. Send your complaint to jboensch@hss-mi.org. You will receive a reply email confirming that your complaint has been received within 48 business hours. Please keep a copy of your complaint and the reply email for your records. If you do not receive a reply email, please contact Janel Boensch, Transportation Manager, HealthSource Saginaw at 989-790-7904.

What happens after my complaint is received?

After the complaint is received, we will inform you of our action, which may include:

1. Contacting you for additional information or copies of relevant documents.
2. Working with you to resolve the issue.
3. Referring your complaint for possible resolution through the U.S. Department of Justice ADA Mediation Program.
4. Referring your complaint to another federal agency with responsibility for the types of issues you have raised.

How can I find out the status of my complaint?

We will review each complaint carefully. If you have not heard from us within three weeks, please contact us at 989-790-7904.

REASONABLE MODIFICATIONS

Public agencies that provide designated public transportation shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability or to provide program accessibility to their services. This requirement applies to the means public entities use to meet their obligations under all provisions of the law.

In choosing among alternatives for meeting nondiscrimination and accessibility requirements with respect to new, altered, or existing facilities, or designated or specified transportation services, HealthSource Saginaw shall give priority to those methods that offer services, programs, and activities to qualified individuals with disabilities in the most integrated setting appropriate to the needs of individuals with disabilities.

Requests for modification of HealthSource Saginaw policies and practices may be denied only on one or more of the following grounds:

1. Granting the request would fundamentally alter the nature of the agency's services, programs, or activities.
2. Granting the request would create a direct threat to the health or safety of others.
3. Without the requested modification, the individual with a disability is still able to fully use the entity's services, programs, or activities for their intended purpose.

Basic process requirements that must be met are:

1. Information on the reasonable modification process must be readily available to the public and must be readily accessible
2. Advance notice can be required if feasible. Flexibility is also needed to handle requests that are only practicable on the spot.
3. Individuals requesting modifications are not required to use the term “reasonable modification”.

What information should my reasonable modification request include?

1. Your full name, address, telephone number, and e-mail address where we can reach you during the day and evening.
2. The name of the party discriminated against, if known.
3. If the request is being made by someone else on behalf of the rider, please provide the advocate’s name, relationship to the rider, and telephone number:
4. A description of the rider’s disability or disabilities.
5. The service policy or procedure that may need to be modified to allow the rider full access to the transit services provided.
6. How the current service policy or program prevents the rider from using transit service.
7. A description of the specific modification to the current service policy or procedure that you are requesting.
8. Copies (not originals) of any required documentation of disability.

To guide you in providing the requested information, you may use the attached ADA reasonable modification request form. (Attachment C)

How do I request reasonable modification by email?

Include all of the information listed above, either in the body of the email or in an attachment. Attach relevant documents to your email. Send your request to jboensch@hss-mi.org. You will receive a reply email confirming that your request has been received within 48 business hours. Please keep a copy of your request and the reply email for your records. If you do not receive a reply email, please contact Janel Boensch, Transportation Manager, HealthSource Saginaw at 989-790-7904.

What happens after my request is received?

After the request is received, HealthSource Saginaw will provide a written response of approval or denial within seven days of its receipt.

How can I find out the status of my request?

We will review each request carefully. If you have not heard from us within seven days, please contact us at 989-790-7904.

HealthSource Saginaw

Procedure to File a Complaint or Request Reasonable Modification Under the Americans with Disabilities Act (ADA)

If you believe you or another person has been discriminated against under Title II and III of the American Disability Act of 1990 by HealthSource Saginaw or one of our employees, you can file a complaint, or alternatively, request reasonable modification by mail, fax, or email at:

Janel Boensch, Transit Agency ADA Coordinator
HealthSource Saginaw
3340 Hospital Road
Saginaw, MI 48603
Fax: 989-790-9297
jboensch@hss-mi.org

Take the first step: Before filing your complaint or request, contact the HealthSource Saginaw ADA Coordinator to discuss your concerns. They can look into the issue and try to come up with an acceptable resolution to the situation.

You may file a complaint or request a reasonable modification in writing with HealthSource Saginaw using the following procedures:

1. File a written complaint with HealthSource Saginaw as soon as possible, but no later than 180 calendar days after the alleged violation. Requests for reasonable modification may be filed at any time.
2. The written complaint or modification request should be submitted by the grievant and/or their designee.
3. Alternative means of filing complaints and requesting modifications, such as a personal interview or a tape recording, will be made available upon request.
4. The written complaint or modification request should contain the information required by the HealthSource Saginaw public policy that is available upon request. Alternative formats and language translations for this document are available on request.
5. Explanation of approval or denial of reasonable modification requests will be made and sent to the requestor within seven calendar days of receipt.
6. Within 15 calendar days of receiving a complaint, HealthSource Saginaw will meet with the complainant to discuss the complaint and possible resolutions.
7. Within 15 calendar days of the meeting, HealthSource Saginaw will respond in writing or another accessible format. The response will explain the position of HealthSource Saginaw and offer options for substantive resolution of the complaint.
8. If the response by the HealthSource Saginaw does not resolve the issue, the complainant and/or designee may appeal the decision within 15 calendar days to the Federal Transit Administration Office for Civil Rights.
9. All written documents in the process will be retained by HealthSource Saginaw for at least one year.

HealthSource Saginaw
ADA Discrimination Complaint Form

Instructions: Please fill out this form completely sign and mail, fax, or email to:

Janel Boensch, Transit Agency ADA Coordinator
HealthSource Saginaw
3340 Hospital Road
Saginaw, MI 48603
Fax: 989-790-9297
jboensch@hss-mi.org

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Mobile: _____

Person Discriminated Against (if other than the complainant):

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Mobile: _____

Email Address: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination, providing the name(s) where possible of the individuals who discriminated:

Signature: _____

Date: _____

HealthSource Saginaw

ADA Reasonable Modification Request Form

Instructions: Please fill out this form completely, sign and mail, fax, or email to:

Janel Boensch, Transit Agency ADA Coordinator
HealthSource Saginaw
3340 Hospital Road
Saginaw, MI 48603
Fax: 989-790-9297
jboensch@hss-mi.org

Rider: _____

Street Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____ Mobile: _____

Email address: _____

Person requesting modification (if other than the rider): _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Mobile: _____

Email Address: _____

Describe the rider's disability or disabilities.

Describe the service policy or program that may need to be modified to allow the rider full access to the transit services provided. _____

How does the current service policy or program prevent the rider from using the transit service or program? _____

Please describe the specific modification to the current policy/procedure that you are requesting.

How would you like HealthSource Saginaw to respond to your request?

- In writing to the address listed above
- By email to the address listed above

If future communications regarding this request are needed in an alternate format, please indicate the appropriate format below:

- large print (font size needed: _____)
- Spanish

This form can be requested in large print by calling 989-790-7904 or emailing jboensch@hss-mi.org.

Please send the completed form **and any required documentation of disability** to:

Janel Boensch, Transit Agency ADA Coordinator
HealthSource Saginaw
3340 Hospital Road
Saginaw, MI 48603
Fax: 989-790-9297
jboensch@hss-mi.org

Electronic versions of the completed form and scans of required documentation of disability should be sent to jboensch@hss-mi.org.

HealthSource Saginaw will provide a written response to your request within seven days of its receipt. To check on the status of the request, call HealthSource Saginaw at 989-790-7904 or email jboensch@hss-mi.org.