

## Crawford County ADRC Complaint Procedure

The **Crawford County** ADRC's Complaint Procedure is made available in the following locations:

- ✓ Agency website, either as a reference in the Notice to Public or in its entirety
  - ✓ Public areas of the agency office (common area, public meeting rooms, etc.)
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Any person who believes she or he has been discriminated against on the basis of race, color, or national origin, religion, gender, disability or age by Crawford County ADRC may file a complaint by completing and submitting the agency's Complaint Form.

The Complaint Form may also be used to submit general complaints to Crawford County ADRC.

Crawford County ADRC investigates complaints received no more than 180 days after the alleged incident. Crawford County ADRC will process complaints that are complete.

Once the complaint is received, Crawford County ADRC will review the complaint and work to resolve the complaint informally, if possible.

If the complaint warrants a formal civil rights complaint process, Crawford County ADRC will follow the steps listed in this complaint procedure. Crawford County ADRC may also use this formal procedure to address general complaints. If Crawford County ADRC determines it has jurisdiction the complainant will receive an acknowledgement letter stating the complaint will be investigated by the Crawford County ADRC as a civil rights complaint.

Crawford County ADRC has 60 days to investigate the complaint. If more information is needed to resolve the case, Crawford County ADRC may contact the complainant.

The complainant has 30 business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within 30 business days, Crawford County ADRC can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two (2) letters to the complainant: a closure letter or a letter of finding (LOF).

- ✓ A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.
- ✓ A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision, she/he has 30 business days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact 608-326-0235.

# Crawford County - Complaint/Comment Form

Crawford County is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints.

Please submit this form electronically at [ccadrc@co.crawford.wi.gov](mailto:ccadrc@co.crawford.wi.gov) or in person at the address below.

**ADRC of Eagle Country – Crawford County Office**  
**225 N. Beaumont Rd. Suite 117**  
**Prairie du Chien, WI 53821**

You may also call us at 608-326-0235. Please make sure to provide your contact information in order to receive a response.

SECTION I: TYPE OF COMMENT (Choose One) – provide detail in ‘Comment Details’ below								
Compliment	Suggestion	Complaint				Other		
		Title VI: ADA (Disability): Service: Other:	<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Gender	<input type="checkbox"/> Religion	<input type="checkbox"/> Age	
			<input type="checkbox"/> Limited English Proficient LEP					
SECTION II: CONTACT INFORMATION								
Name:								
Rider ID (if applicable):								
Street Address:								
City, State, Zip code:								
Phone:								
Email:								
Accessible Format Requirements: (choose preferred format(s))		Large Print		TDD/Relay		Audio Recording	Other	
Are you filing this complaint on your own behalf? If you answered “yes” to this question, go to Section IV.				Yes		No		
If not, please provide 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: COMMENT DETAILS								
Transit Service (Choose one, as applicable) Bus/Paratransit/Shared-Ride Taxi								
Date of Occurrence:								
Time of Occurrence:								
Name/ID of Employee(s) or Others Involved:								

<b>Vehicle ID/Route Name or Number:</b>		
<b>Direction of Travel:</b>		
<b>Location of Incident:</b>		
<b>Mobility Aid Used (if any):</b>		
<b>If above information is unknown, please provide other descriptive information to help identify the employee:</b>		
<b>Description of Incident:</b> As applicable, explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please add additional pages.		
<b>SECTION IV: FOLLOW-UP</b>		
<b>May we contact you if we need more details or information?</b>	<b>Yes</b>	<b>No</b>
<b>What is the best way to reach you? (choose one)</b> If a <b>phone call</b> is preferred, what is the best day and time to reach you?	<b>Phone</b>	
	<b>Email</b>	
	<b>Mail</b>	
<b>SECTION V: DESIRED OUTCOME</b>		
<b>What steps have you have taken to address the conflict or problem?</b>		
<b>What type of corrective actions took place?</b>		
<b>What remedy are you seeking?</b>		
<b>SECTION VI: ADDITIONAL INFORMATION</b>		
<b>Have you previously filed a complaint with this agency?</b>	<b>Yes</b>	<b>No</b>
<b>Have you filed this complaint with any other Federal, State or Local agency, or with any Federal or State Court?</b>	<b>Yes</b>	<b>No</b>
<b>If yes, to the question above, list all agencies contacted:</b>		
Please provide information about a contact person at the agency/court where each complaint was filed. Name, Agency, Address, Phone, Email		

Please attach any documents you have which support the allegation. Then date and sign this form and send it to Crawford County ADRC:

\_\_\_\_\_

**Complainant Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Print Your Name**