



## Americans with Disabilities Act (ADA) Complaint Policy & Procedures

CalVans (California Vanpool Authority) provides vanpool services to individuals residing in counties served by the agency. A list of these can be found on the CalVans website at <https://calvans.org/history>. Those individuals with ADA concerns or complaints are invited to contact the agency as outlined below and completing the ADA Complaint form.

### Objectives

The objectives of the complaint procedures are to:

- Provide an opportunity for a complainant to report any policies, procedures, or actions by California Vanpool Authority they believe violate the ADA regulations.
- Document and investigate the allegations in a timely and thorough manner.
- Timely respond to the complainant and provides the outcome of the investigation.

### Civil Rights Officer

CalVans Civil Rights Officer investigates ADA complaints. The Civil Rights Officer can be contacted at:

Georgina Landecho, Executive Director  
Post Office Box 209, Hanford CA 93232  
(530) 383-9348  
[georgina.landecho@co.kings.ca.us](mailto:georgina.landecho@co.kings.ca.us)

### Complaint Receipt

The CalVans Civil Rights Officer receives the complaint from the complainant or their representatives via e-mail (<https://calvans.org>), mail (address shown above), or in person at the above address.

1. Complaints are taken up to 180 days past the date of the incident. Beyond that time period, complaints will be classified as comments.
2. The complaint is recorded upon receipt of the complaint. In order for a complaint to be investigated, the complainant or their representatives must provide an address, telephone number, and email address. Those complaints without contact information will be classified as comments.
3. The complaints are reviewed for completeness and accuracy and a call is made to the complainant if additional details are needed for the investigation. The CalVans Civil Rights Officer has three (3) calendar days to complete the initial review.

## **Complaint Investigation and Follow-up**

1. Any complaint that alleges discrimination on the basis of disability will be designated as an ADA complaint. The Civil Rights Officer will be responsible for investigating the complaint and following up with the complainant.
2. The Civil Rights Officer will be responsible for contacting the appropriate manager/ service contractor(s) to get information needed in order to complete the investigation of the complaint including, but not limited to, any video or audio recordings of the incident.
3. Once the investigation has been completed, the Civil Rights Officer will make a decision regarding the validity of the complaint and what, if any, remedial actions will be taken to address the complainant's concerns.
4. The Civil Rights Officer will notify the complainant in writing of the decision regarding the complaint typically within seven (7) calendar days after the investigation has been completed.
5. If complainants disagree with the determination by the Civil Rights Officer, they can appeal the decision in writing within thirty (30) days from the date of the determination letter. The appeal letter should state the reason(s) the complainant believes the decision was in error.

The appeal letter should be addressed and mailed to:

**Executive Director  
Post Office Box 209  
Hanford, CA 93232**

## **Complaint Tracking and Record Retention**

The Civil Rights Officer will be responsible for tracking all ADA complaints for the purpose of establishing trends in allegations of discrimination.

The Civil Rights Officer will maintain a summary log of all ADA complaints. In addition, all complaint documents and materials gathered during the investigation are maintained for no less than five (5) years.



California Vanpool Authority  
 P.O. Box 209  
 Hanford, CA 93232  
 1-866-655-5444

**ADA COMPLAINT FORM**

**Section I:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

Electronic Mail Address (email): \_\_\_\_\_

Accessible Format Requirements? (Check One)

Large Print	TDD	Audio Tape	Other
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**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. (Check One)

Yes	No
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**Section III:**

I Believe the discrimination I experienced was based on (Check all that apply):

Race	Color	National Origin
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Date of Alleged Discrimination (Month, Day, Year) \_\_\_\_\_

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 complaint with this agency? (Check One)

Yes                      No                      If yes, date of filing: \_\_\_\_\_

**Section V:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? (Check One)

Yes                      No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_                      State Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_                      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:

**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.

Signature :

Date:

Please mail this form to:

California Vanpool Authority  
Georgina Landecho, Executive Director  
Post Office Box, Hanford, CA 93232