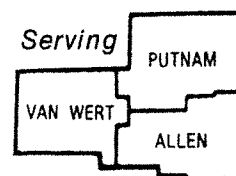


Delphos Senior Citizens, Inc.

301 E. Suthoff Street
Delphos, Ohio 45833
Phone: 419-692-1331
Fax: 419-692-0148
Email: delphosseniorcitizens@gmail.com



Disability-Related Complaint Process

Any person who believes she or he has been discriminated against on the basis of disability by Delphos Senior Citizens, Inc. (hereinafter referred to as DSC) may file a complaint by completing and submitting the agency's Comment Form. The Comment Form may also be used for compliments and suggestions. DSC investigates complaints received no more than 180 days after the alleged incident. DSC will process complaints that are complete.

Once the complaint is received, DSC will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office. DSC will also immediately notify our ODOT representative.

DSC has 10 business days from the date received to investigate the complaint. Should a case involve the decision of the Board of Directors a decision shall be made within 30 days of the complaint. If more information is needed to resolve the case, DSC may contact the complainant. The Complainant has 10 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 10 business days, DSC 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 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 disability-related violation and that the case will be closed. An 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 10 business days after the date of the letter or the LOF to do so.

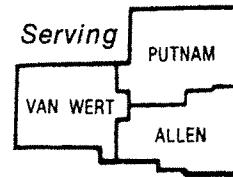
If information is needed in another language, please contact DSC at 419-692-1331.

USB-Policies-Disability Related Complaint Process-Complaint Process



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Comment Form

Delphos Senior Citizens, Inc. is committed to providing you with safe and reliable transportation service and we want your feedback. Please use this form for suggestions, compliments, and complaints. You may also call us at 419-692-1331, visit us at 301 E. Suthoff St., Delphos, or contact us by email or U.S. postal mail at the address below. Please make sure to provide us with your contact information in order to receive a response. Delphos Senior Citizens, Inc., ADA Coordinator, 301 E. Suthoff St., Delphos, OH 45833, 419-692-1331, delphosseniorcitizens@gmail.com.

Section I: Type of Comment (Choose One)

Compliment _____ Suggestion _____ Complaint _____ Other: _____ ADA Related? Y / N

Section II: Contact Information

Salutation (Mr./Mrs./Ms., etc.):

Name:

Street Address:

City, State, Zip code:

Phone:

Email:

Section III: Comment Details

Date of Occurrence:

Time of Occurrence:

Name of Employee(s) or Others Involved:

Direction of Travel:

Location of Incident:

Mobility Aid Used (if any):

If above information is unknown, please provide other descriptive information to help identify the employee:

Description of Incident or Message:

Section IV: Follow Up

May we contact you if we need more details or information? Yes _____ No _____

What is the best way to reach you? (Choose One) Phone _____ Email _____ Mail _____

If a phone call is preferred, what is the best day and time to reach you?

Section V: Desired Response (Choose One)

Email Response _____ Telephone response _____ Response by U.S. Postal Mail _____

USB-Policies-Disability Related Complaint Process- Comment Form

