



ADA Complaint Procedures

This Complaint Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by Bayway.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

An ADA Complaint Form can be found in Attachment F, in both an English and Spanish format.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Sandra Culbreth, ADA Coordinator
1010 Cone Avenue Panama City, Florida 32401
(850) 248-8161 phone
sculbreth@baycountyfl.gov

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions.

Within 15 calendar days of meeting with the complainant, the ADA Coordinator or his/her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of Bayway and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to Bayway's, Program Administrator, or his/her designee.

Within 15 calendar days after receipt of the appeal, Bayway's, Program Administrator, or his/her designee will meet with the complainant to discuss the complaint and possible resolutions.

Within 15 calendar days after the meeting, Bayway's, Program Administrator, or his/her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the ADA Coordinator or his/her designee, appeals to Bayway's, Program Administrator or his/her designee, and responses from these two offices will be retained by Bayway for at least three years.



Complaint of ADA Discrimination

Title II of the Americans with Disabilities Act requires that Bayway make transit facilities, programs, and services accessible to persons with disabilities in accordance with the standards of the ADA. If you feel that you have not been able to access a transit facility, program, or service because of a lack of accessibility or that you have been discriminated against because of your disability, please complete the form below or contact the ADA Coordinator, Sandra Culbreth at (850) 248-8161 or sculbreth@baycountyfl.gov

Section I:

Complainant(s) Name:

Complainant(s) Address:

Telephone (Home):

Telephone (Work):

Email Address:

Accessible Format Requirements:

Large Print

TDD

Audio Tape

Other

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 your name and relationship to the complainant (e.g., friend, attorney, parent, etc.):

Name:

Relationship:

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:

I believe the discrimination I experienced was based on (check all that apply):

Physical Access

Service Animal

Denied Service

Interpreter

Retaliation

Other

Date of Alleged Discrimination

Explain as clearly as possible what happened and why you believe you have been 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 witness.

**You may attach any written materials or other information that you think is relevant to your complaint.*



I hereby swear/affirm that the information that I have provided regarding this ADA Complaint is true and correct to the best of my knowledge, information, and belief.

Complainant(s) or Complainant(s) Representatives Signature:

Date: