

GRIEVANCE PROCEDURE AND APPEAL FORM

This grievance procedure is adopted pursuant to 28 CFR 35.107 and 49 CFR 27.13 both entitled, designation of responsible employee and adoption of grievance procedures. PARTA's Operations Manager or his/her designee shall be responsible for overseeing investigations and responses to appeals. Questions regarding the grievance procedure, the appeal process or requests for assistance in filing an appeal due to a disability should be directed to:

Operations Manager
2000 Summit Rd, Kent, OH 44240
330-678-1287

CustService@partaonline.org

Acknowledgement of Appeal

Within ten days after receipt of the appeal, a letter will be sent to the appellant that includes the following:

1. Acknowledgement that the appeal has been received;
2. The date by which a response will be sent to the passenger;
3. Whom to contact if the passenger does not receive a response by that date; and
4. If a hearing is requested by the passenger, the date, time and location of the hearing.

Investigation of an Appeal

The designated staff member will investigate the appeal and respond in writing within a reasonable time, not to exceed 30 days from receipt of the appeal (or 30 days from the date of the hearing). The response will set out a process for resolution of the appeal. If no action is taken, the response will state the reasons for the decision.

Appeal

Please provide the following information necessary in order to process your appeal. Assistance is available upon request. Complete this form and mail, fax, e-mail or deliver to:

PARTA, Attention: ADA Appeals, 2000 Summit Rd., Kent, OH 44240,
CustService@partaonline.org Fax: 330-678-7751.

Passenger's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Home): _____ (Business): _____

E-mail Address: _____

Person whose request for modification was denied (if other than person making appeal): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of denial of request for modification: _____

Name of employee who denied the request (if known): _____

Describe the reasonable modification requested (attach additional sheets as necessary):

Describe why you need the reasonable modification in order to use the services and why any accommodation offered was not sufficient (attach additional sheets as necessary):

Would you like a hearing on your appeal (YES / NO) (circle one).

Sign the appeal in the space below. Attach any documents you believe supports your appeal.

Appellant's Signature: _____

Date: _____

Revised: 03/30/17