

ADA Complaint Process

DeKalb County is committed to ensuring safe and efficient transportation for persons with disabilities, as provided by the Americans with Disability Act (ADA).

Any ADA transportation service complaints received by DeKalb County will be immediately investigated and every effort made to seek an appropriate and prompt resolution. By promptly identifying deficiency areas, DeKalb County will work to make the necessary corrections or adjustments to alleviate the situation.

Any person who believes they have been mistreated by an unlawful discriminatory practice under the Americans with Disabilities Act has a right to file a formal complaint with the DeKalb County Administrator. ADA complaint forms may be obtained from the DeKalb County Administration Department by calling 815-895-1630, or via internet at <https://dekalbcounty.org/services/transportation/>. Anyone who requires assistance or a modification to complete the complaint form should contact the DeKalb County Administrator at 815-895-1630, via email at administration@dekalbcounty.org, or via mail at DeKalb County Administrator, 200 N. Main Street, Suite 280, Sycamore, Illinois 60178-1431.

ADA transportation service complaints shall be submitted in writing on the ADA Complaint Form and returned to:

DeKalb County Administrator
200 N Main St Ste 280
Sycamore IL 60178-1431

The DeKalb County Administrator shall maintain a log of ADA complaints received from this process which log shall include the date the complaint was filed, a summary of the allegations, the status of the complaint, and actions taken by DeKalb County in response to the complaint.

ADA Complaint Form

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity and access for persons with disabilities for a variety of activities of daily living. The Federal Transit Administration requires that "No qualified person with a disability shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance administered by the U.S. Department of Transportation."

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance or reasonable modifications in completing this form, call 815-895-1630.

Complainant Contact Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: _____ Alternate Phone: _____

Person discriminated against (if someone other than complainant)

Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Incident: _____

Please describe the alleged incident (attach additional pages if needed):

(Description of incident continued):

Have you filed a complaint with any other federal, state or local agencies? Yes No
If so, list agency / agencies and contact information below:

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code _____

Agency: _____ Contact Name: _____

Street Address, City, State & Zip Code _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant Signature **Date**

Print name of complainant: _____

For DeKalb County Use Only

Date Received: _____ Received By: _____