Medical Motor Service of Rochester and Monroe County, Inc.
ADA Complaint Policy and Procedures
Policy

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination on the basis of disability. Medical Motor Service of Rochester and Monroe County, Inc. (MMS) shall not exclude an individual with a disability from participation in, deny an individual the benefits of, or otherwise discriminate against an individual in connection with its services, programs, activities, transportation services, or facilities.

Any person who believes that they have been discriminated against or denied access to MMS services, programs, activities, transportation services, or facilities because of a disability may submit a complaint directly to MMS.

Complaint Procedures

A written complaint should be made within 30 calendar days of the alleged incident to facilitate prompt investigation and resolution. The complaint should be as specific as possible and include:

- The date of the incident;
- The names of individuals involved;
- The service, program, activity, vehicle, or facility involved;
- The nature of the complaint;
- A proposed resolution, if applicable; and
- The complainant's full name, contact information, and preferred method of contact.

The Medical Motor Service Title VI and ADA Complaint Form may be used to submit a complaint.

Complaints may be submitted by mail, email, or in person to:

ADA Coordinator
Medical Motor Service of Rochester and Monroe County, Inc.
608 Clinton Avenue South
Rochester, NY 14620
Phone: (585) 654-6030
Email: **adacoordinator@mmsnys.org**

If an individual needs an alternative method to submit a complaint, they may contact the ADA Coordinator to provide a verbal complaint or request the complaint information in an accessible format.

Within 10 days after receipt of the complaint, the ADA Coordinator will contact the complainant by mail, email, telephone, video conference, or other appropriate method to discuss the complaint and work toward a resolution.

Within 30 calendar days of that discussion, the ADA Coordinator will provide the complainant with a written explanation of the outcome of the complaint.

ADA complaints will be tracked separately from Title VI complaints. A summary of each ADA complaint and its closure will be maintained for five years.

If the complainant is not satisfied with the outcome, the complainant may appeal the decision within 45 days to:

New York State Department of Transportation
Office of Diversity and Opportunity
50 Wolf Road, 6th Floor
Albany, NY 12232
Phone: (518) 457-1129
Fax: (518) 549-1273
Email: OCR-TitleVI@dot.ny.gov

As an alternative to filing an ADA complaint directly with MMS, a complaint may also be submitted directly to the New York State Department of Transportation at the address above or to:

Federal Transit Administration
Office of Civil Rights
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

Questions concerning this policy or the ADA complaint process may be directed to the MMS ADA Coordinator at **(585) 654-6030** or **adacoordinator@mmsnys.org**.

Appendix D: **Title VI AND ADA COMPLAINT FORM**

Medical Motor Service of Rochester and Monroe County, Inc.
Title VI and ADA Complaint Form

Section I:				
Your Name:				
Address:				
Telephone (Home):		**Telephone (Work/Mobile):**		
Email Address:				
Accessible Format Requirements?	**Large Print**		**Audio Tape**	
	TDD		**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 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.	**Yes**	**No**

Section III:

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

☐ **Race** ☐ **Color** ☐ **National Origin** ☐ **Disability**

Date of Alleged Discrimination (Month, Day, Year): _____

Agency name complaint is against: _____

Location of where the alleged discrimination occurred: _____

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 attach additional pages.

_____

_____

_____

_____

_____

_____

Section IV
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? ☐ **Yes** ☐ **No** ***If yes, check all that apply:*** ☐ **Federal Agency:** _____ ☐ **Federal Court:** _____ ☐ **State Agency:** _____ ☐ **State Court:** _____ ☐ **Local Agency:** _____
Provide information for the contact person at the agency/court where the complaint was filed.
Name and Title:
Agency:
Address:
Telephone:

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 submit this form by mail, email or in person to the address below.

Medical Motor Service of Rochester and Monroe County, Inc.
Title VI Coordinator
608 Clinton Ave S
Rochester, NY 14620
titlevicoordinator@mmsnys.org

This complaint may also be filed directly with the New York State Department of Transportation, Office of Civil Rights, 50 Wolf Road, 6th Floor, Albany, NY 12232, (518) 457-1129 Fax (518) 549-1273, OCR-TitleVI@dot.ny.gov or the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.