



# Transportation Policies and Procedures

09.22.2023

Revised: 12.07.2023

# **Community Support Systems ADA Transportation Policy**

## **Purpose**

It is the goal of the Community Support Systems, through its public transit services, to design, implement, and maintain a safe, efficient, effective, and accessible transportation system for persons with disabilities. Community Support Systems works to ensure nondiscriminatory transportation to enhance the social and economic quality of life for all people of the communities served by Community Support Systems.

## **Policy**

It is the policy of Community Support Systems to abide by all provisions of the Americans With Disabilities Act (ADA) of 1990, as amended, and US Department of Transportation (DOT) regulations found at 49 CFR Parts 27, 37, and 38, as amended, in the delivery of transit services that are open to the public and prohibits discrimination on the basis of disability and sets specific requirements that transit agencies must follow.

## **Wheelchair Definition**

For the purposes of this policy a wheelchair is defined as a three-or-more wheeled mobility aid device, usable indoors, designed for and used by individuals with mobility impairments, whether operated manually or powered. With respect to the size and weight of wheelchairs, Community Support Systems will transport a wheelchair and its user, as long as the lift can accommodate the size and weight of the passenger and the wheelchair, and there is space for the wheelchair on the vehicle. However, Community Support Systems is not required to carry a wheelchair if the lift or vehicle is unable to accommodate the wheelchair and its user, consistent with legitimate safety requirements according to the lift manufactures.

## **Transportation of Persons with Disabilities**

Community Support Systems is committed to ensuring safe, efficient, effective and accessible transportation for persons with disabilities, as provided by the ADA and related DOT regulations (both as amended) and will abide by the following:

- Community Support Systems vehicles will be lift equipped and have securement systems for wheelchairs.
- Community Support Systems requires wheelchair users to have their wheelchairs secured. Service will not be denied due to Community Support Systems inability to secure a wheelchair. Securement problems of wheelchair shall be reported immediately to Administration of Community Support Systems.
- Community Support Systems does not require a wheelchair user to transfer to another seat.
- Community Support Systems staff will provide assistance upon request or as necessary with lifts, ramps, and securement systems.
- No individual shall be transported to or from Community Day Services in a one-way trip that exceeds one hour unless a waiver is approved by the Department of Human Services.
- Persons with disabilities who do not use wheelchairs will be permitted to use the vehicle lifts or ramps upon request.

- Community Support Systems will permit service animals, such as, but not necessarily limited to, service dogs, that have been individually trained to work or perform tasks to accompany persons with disabilities in vehicles and facilities. The service animal must remain under the control of the rider and not present an immediate danger to the driver or other riders.
- Community Support Systems vehicle operators and other personnel of the system will make use of required accessibility related equipment and features (example: tie-downs will be used to secure a wheelchair on the vehicle).
- Community Support Systems will provide service to persons using respirators or portable oxygen. Vehicle operators will properly secure this equipment.
- Community Support Systems will ensure adequate time for persons with disabilities to board and disembark a system vehicle.
- Community Support Systems will provide training to Vehicle Operators and Dispatchers about the safe operation of vehicles and accessibility equipment and customer service sensitivity of persons with disabilities.
- Community Support Systems vehicle operators will check operation of lifts/ramps and inspect all securement equipment through pre-trip and post-trip inspection procedures on a daily basis. All ADA equipment failures will be reported immediately to the Administration of Community Support Systems
- Community Support Systems will make service information available in accessible formats as requested.
- Community Support Systems may refuse service and/or contact local police for instances when a passenger engages in violence, is a danger to others, is seriously disruptive, or is engaged in illegal activities.

### **Reasonable Modification to Policies, Practices, and Procedures**

Community Support Systems is committed to providing equal access and opportunity to qualified individuals with disabilities in all programs, services and activities. To ensure equality and fairness, Community Support Systems is committed to making reasonable modifications to its policies, practices, and procedures to avoid discrimination and ensure programs and services are accessible to individuals with disabilities. For more information on reasonable modification procedures of Community Support Systems, including requesting a reasonable modification or the appeal process, please see Community Support Systems Reasonable Modification Policy. Personal care attendants are permitted as needed.

### **Refusal of Service and Nondiscrimination**

Community Support Systems can refuse to provide service to an individual with disabilities if that individual engages in violent, seriously disruptive, or illegal conduct, and/or represents a direct threat to the health or safety of others. Community Support Systems, however, will not refuse to provide service to an individual with a disability solely because the individual's disability results in an appearance or behavior that may offend, annoy, or inconvenience Community Support Systems staff/employees or other persons.

### **ADA Service Requirements**

Community Support Systems is responsible for ensuring all maintenance of all accessible features on agency vehicles including lifts, ramps, securement devices, elevators, signage and systems to facilitate communication.

The lift maintenance service was modeled after recommendations from the manufacturer. To ensure timely ADA equipment maintenance, standardized procedures, and better tracking records, all ADA service equipment will be serviced during every vehicle oil change at the main facility. Vehicles housed at a satellite location shall follow schedule recommendations of the manufacturer. Vehicle interlocks shall be inspected on daily pre-trip and post-trip inspections and during monthly inspections. Vehicles with malfunctioning interlocks shall be taken out of service immediately until repaired.

### **ADA Complaint Procedures**

Community Support Systems 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 Community Support Systems will be immediately investigated and every effort made to seek an appropriate and prompt resolution. By promptly identifying deficiency areas, Community Support Systems will work to make the necessary corrections and/or adjustments to alleviate the situation.

ADA Transportation service complaints shall be submitted in writing on the agency's complaint form and returned to the:

Peter Niccum  
Community Support Systems  
618 W Main St.  
Teutopolis, IL. 62467

If you would like a copy of this form, or require additional information, please visit the Community Support Systems website at [www.csscares.org](http://www.csscares.org) or call the Community Support Systems ADA Officer during regular administrative business hours (8 am – 4:30 pm) at 217.705.4300.

## **COMMUNITY SUPPORT SYSTEMS TRANSPORTATION COMPLAINT PROCEDURE / POLICY**

Community Support Systems (CSS) is in the business of providing public transportation services in Effingham County and surrounding area. It is the policy of CSS that all persons utilizing public transportation services ("customers") shall be treated with respect and courtesy when making suggestions or filing complaints. In an effort to ensure that all transportation customers are accorded the right to file both informal and formal complaints concerning CSS services, the following procedures have been established and must be followed:

### Types of Complaints

Complaints may be either informal or formal in nature. Both types of complaints shall be investigated in the same manner. A formal complaint is one in which the customer states his/her name, phone number, etc. so that CSS may make contact after investigating the complaint. An informal complaint is one in which contact information is not provided and the customer wishes to remain anonymous.

The Director of Employment Services shall be responsible for taking both types of complaints. All CSS drivers and other personnel shall refer all persons wishing to file a complaint or suggestion to the Director of Employment Services. The Director of Employment Services shall never refuse to take a complaint and shall never assume that any complaint is too minor to document.

### Step One---Taking the Complaint

All complaints shall be taken in a polite and professional manner using the attached complaint form. If the customer is angry, ask him/her to calm down so that the complaint can be documented in an efficient and effective manner. The Director of Employment Services shall not argue with customers and should remain calm and in control. CSS personnel should never state an opinion or give the customer any more information than is necessary to document the nature of the complaint. If the customer is unhappy with the manner in which the complaint is being taken, the Director of Employment Services should refer the person to the Executive Director.

All facts relative to the complaint shall be recorded on the complaint form. The nature of the complaint must be described on the complaint form in the space provided. As much information shall be obtained as possible, keeping in mind that the name and address of the complainant will not be provided by those customers wishing to file an informal complaint. Once the Director of Employment Services has obtained all the necessary information, the customer shall be advised that his/her complaint will be investigated and that he/she will be contacted (if a formal complaint) with the results once the investigation is completed. After the complaint form is completed, the complaint shall be investigated by the Director of Employment Services. If the initial complaint involves

the Director of Employment Services, the customer should be referred to the Executive Director, who will then complete the complaint form and investigate the complaint.

### Step Two---Investigating and Resolving the Complaint

Upon receiving the complaint form, the Director of Employment Services will number the form and record it in the complaint log. If the complaint involves an employee, verification that the employee was actually on duty at the time of the incident will be made. All complaints must be handled in a consistent manner.

The Director of Employment Services must begin the investigation of the complaint within ten working days of the date the complaint was filed in order to ensure that the details of the event are fresh in the minds of all involved. All employees involved in the complaint will be interviewed by the Director of Employment Services. As the investigation progresses, it is important for the investigator to be fair and keep an open mind. The objective should be to get the "big picture" of the incident. The investigator shall suggest ways to resolve the problem and/or a method for dealing with a similar situation in the future. All actions resulting from the complaint must be documented in writing on the complaint form and attachments (if necessary), by the Director of Employment Services. Results of the investigation shall be forwarded to the Executive Director for his/her review. For formal complaints, the customer will be advised in writing by the Director of Employment Services of the results of the investigation. Every effort should be made to complete the investigation and notify the customer of the results within 45 days of the date the initial complaint was filed.

If the investigation of the complaint results in the need to discipline an employee, the Director of Employment Services will administer such discipline.

If the customer is not satisfied with how the complaint was resolved, he/she has the right to appeal the decision as follows:

-All decisions made by Director of Employment Services may be appealed to the Executive Director.

A customer appealing a decision must state in writing the reasons why he/she disagrees with the Director of Employment Services. The Executive Director shall reply in writing to the customer within 30 days of the date the written appeal is received.

### Conclusion

Customer complaints are a serious matter. CSS is in the business of providing quality public transportation for the residents of Effingham County. If there is supporting evidence to suggest that CSS is not living up to that standard, appropriate action must be taken to correct the matter. All customers are important and losing a customer because of inappropriate actions by an employee is not acceptable.

**CSS COMPLAINT FORM**

Complaint Type:  Formal  Informal  
 Letter from passenger  
 Letter from non-passenger  
 Phone call

Date Complaint Taken: \_\_\_\_\_ Time Complaint Taken: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Vehicle Number: \_\_\_\_\_ Route: \_\_\_\_\_ Operator: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Continue on back if necessary)

Complaint Taken By: \_\_\_\_\_

Investigation Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Continue on back if necessary)

Action Recommended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Continue on back if necessary)

Record of Final Action: \_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

# Non Discrimination Notice to the Public

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## Notifying the Public of Rights Under Title VI and ADA COMMUNITY SUPPORT SYSTEMS

**COMMUNITY SUPPORT SYSTEMS** operates its programs and services without regard to race, color, national origin and persons with disabilities in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **COMMUNITY SUPPORT SYSTEMS**.

For more information on the **COMMUNITY SUPPORT SYSTEMS**'s civil rights program, and the procedures to file a complaint, contact **Peter Niccum, Director of Employment Services, 217.673.7044 phone/mobile/fax; pniccum@csscares.org** ; or visit our administrative office at **618 W Main St, Teutopolis, IL. 62467** . For more information, visit **www.csscares.org**.

Complaints may be filed directly with the Illinois Department of Transportation (**IDOT**) **Civil Rights Office**. ATTN: Title VI Program Coordinator 69 Washington Street Room 2100 Chicago, IL 60602 or with the Federal Transit Administration (**FTA**). ATTN: Title VI Program Coordinator, 1200 New Jersey Ave., SE Washington DC 20590



# Non Discrimination ADA/Title VI Complaint Procedures

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These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by **COMMUNITY SUPPORT SYSTEMS** including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- (1) Any person who believes he and/or she has been discriminated against on the basis of race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency's Title VI Complaint Form.
- (2) Formal complaints must be filed within **180** calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- (3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The ADA/Title VI contact person will assist the complainant with documenting the issues if necessary.
- (4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- (5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.
- (6) Once submitted **COMMUNITY SUPPORT SYSTEMS** will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the **COMMUNITY SUPPORT SYSTEMS** or submitted to the State or Federal authority for guidance.

- (1) **COMMUNITY SUPPORT SYSTEMS** will notify the IDOT Civil Rights Office of ALL Discrimination complaints within 72 hours via telephone at (217) 782-2762; or email at [DOT.Complaint@illinois.gov](mailto:DOT.Complaint@illinois.gov).
- (2) **COMMUNITY SUPPORT SYSTEMS** has 10 business days to investigate the complaint. If more information is needed to resolve the case, the Authority 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, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
- (3) 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 Discrimination 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.
- (4) A copy of either the closure letter or LOF must be also be submitted to IDOT within 72 hours of that decision. Letters may be submitted by hardcopy or email.
- (5) A complainant dissatisfied with **COMMUNITY SUPPORT SYSTEMS** decision may file a complaint with the Illinois Department of Transportation (**IDOT**) or the Federal Transit Administration (**FTA**) offices of Civil Rights: **IDOT**: ATTN ADA/Title VI Program Coordinator 69 W. Washington Street Room 2100 Chicago, IL 60602 **FTA**: Attention Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (6) A copy of these procedures can be found online at: [www.csscares.org](http://www.csscares.org).

# Discrimination ADA/Title VI Complaint Form

|   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| <b>Section I:</b>   |                                      |                                     |
| Name:   |                                      |                                     |
| Address:  |                                      |                                     |
| Telephone (Home):   | Telephone (Work):                    |                                     |
| Electronic Mail Address:  |                                      |                                     |
| Accessible Format Requirements?   | <input type="checkbox"/> Large Print | <input type="checkbox"/> Audio Tape |
|   | <input type="checkbox"/> TDD         | <input type="checkbox"/> Other      |
| <b>Section II:</b>  |                                      |                                     |
| Are you filing this complaint on your own behalf?   | <input type="checkbox"/> Yes*        | <input type="checkbox"/> No         |
| <i>*If you answered "yes" to this question, go to <b>Section III</b>.</i>   |                                      |                                     |
| 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.   | <input type="checkbox"/> Yes         | <input type="checkbox"/> No         |
| <b>Section III:</b>   |                                      |                                     |
| I believe the discrimination I experienced was based on (check all that apply):   |                                      |                                     |
| <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability   |                                      |                                     |
| Date of Alleged Discrimination (Month, Day, Year): _____  |                                      |                                     |
| 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 use the back of this form. |                                      |                                     |
| <hr/> <hr/> <hr/>   |                                      |                                     |
| <b>Section VI:</b>  |                                      |                                     |
| Have you previously filed a Discrimination Complaint with this agency?  | <input type="checkbox"/> Yes         | <input type="checkbox"/> No         |

If yes, please provide any reference information regarding your previous complaint.

**Section V:**

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: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

**Section VI:**

Name of agency complaint is against:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

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

Your signature and date are **required** below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit this form in person at the address below, or mail this form to:**

**Community Support Systems**

**Peter Niccum, Director of Employment Services**

**618 W Main St, Teutopolis, IL 62467**

**217.673.7044**

**[pniccum@csscares.org](mailto:pniccum@csscares.org)**

A copy of this form can be found online at **[www.csscares.org](http://www.csscares.org)**

# Discrimination ADA/Title VI Investigations, Complaints, and Lawsuits

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If no investigations, lawsuits, or complaints were filed select the option below.

**COMMUNITY SUPPORT SYSTEMS** has not had any ADA nor Title VI Discrimination complaints, investigations, or lawsuits in **many years**.

| Complainant           | Date<br>(Month,<br>Day,<br>Year) | Basis of<br>Complaint<br>(Race,<br>Color,<br>National<br>Origin or<br>Disability) | Summary<br>of<br>Allegation | Status | Action(s)<br>Taken | Final<br>Findings? |
|-----------------------|----------------------------------|---|-----------------------------|--------|--------------------|--------------------|
| <b>Investigations</b> |                                  |   |                             |        |                    |                    |
| 1)                    |                                  |   |                             |        |                    |                    |
| 2)                    |                                  |   |                             |        |                    |                    |
| <b>Lawsuits</b>       |                                  |   |                             |        |                    |                    |
| 1)                    |                                  |   |                             |        |                    |                    |
| 2)                    |                                  |   |                             |        |                    |                    |
| <b>Complaints</b>     |                                  |   |                             |        |                    |                    |
| 1)                    |                                  |   |                             |        |                    |                    |
| 2)                    |                                  |   |                             |        |                    |                    |

Requests for reasonable modifications may be denied on the following grounds:

1. It is a fundamental alteration to the nature of the program, service, or activity,
2. It is a direct threat to the health or safety of others,
3. It is not a requirement by the requester to use the service, or
4. The modification creates an undue financial / administrative burden.

Comprehensive Connections will strive to acknowledge and approve or deny requests within three (3) Business days of receipt. All riders who are denied a request have the ability to appeal.

**All information is kept confidential. All materials are available in accessible format and in languages other than English upon request.**

# Community Support Systems Reasonable Transportation Request Form

Requests for modifications to the policies, practices, or procedures of CSS to accommodate an individual with a disability may be made either in advance or at the time of the transportation service. Whenever feasible, request for reasonable modifications shall be made and determined in advance.

Fill out this form with details about your medication request and how it relates to your disability.

Modification Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Modification for (name): \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Describe the modification request including why the modification is necessary:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Once complete, please email or mail this form to the Peter Niccum, Director of Employment Services at [pniccum@csscares.org](mailto:pniccum@csscares.org) or 618 W Main St, Teutopolis, IL. 62467