

## THE AMERICAN WITH DISABILITIES ACT OF 1990

The Americans with Disabilities Act of 1990 prohibits discrimination against people with disabilities in employment, public access to services, transportation, public accommodations and telecommunications services.

It is the policy of our program to abide by all provisions of the ADA, section 504 of the Rehabilitation Act of 1973, which states: *No otherwise qualified individual with a disability in the United States...shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance...*, and the US Department of Transportation DOT implementation regulation found at 49 CFR Parts 27, 37, and 38 as amended in the delivery of services that are open to the public and prohibits discrimination on the basis of disability and sets specific requirements that must be followed.

### **POLICY**

It is the policy of the Arc of Orange County to ensure that programs and services are implemented without discrimination through its ADA policy and procedures. The Arc of Orange County assures that no person or groups of persons shall, on the ground of disability excluded from participation, denied benefits or otherwise subjected to discrimination under any and all programs, services, or activities offered, The Arc of Orange County has a zero tolerance policy regarding any form of unlawful discrimination against our clients. Discrimination, harassment, or retaliation against our clients is prohibited.

### **Procedure**

The summary below is the procedure for filing a complaint and the process The Arc of Orange County uses to investigate complaints. These procedures are used for all complaints received by The Arc of Orange County for documentation, research and processing.

*Any individual or groups of individuals who believe that they have been subjected to a discriminatory action, been excluded from participation, denied benefits or subjected to harassment, retaliation, or other forms of discrimination based on disability under the program may file a complaint with The Arc of Orange County by filling out the ADA complaint form, found on the last page. After completion please submit all documentation to The Arc of Orange County at the following address.*

Patricia Lovelace  
Director of Quality Assurance and Quality Improvement  
Corporate Compliance Officer  
The Arc of Orange County  
249 Broadway  
Newburgh, NY 12550  
(845) 561-0670, Ext. 1156  
(845) 561-4043 Fax  
[patricia.lovelace@thearcofororangecounty.org](mailto:patricia.lovelace@thearcofororangecounty.org)  
[www.thearcofororangecounty.org](http://www.thearcofororangecounty.org)

Allegations received that imply harassment, retaliation, or unequal treatment in services will be processed as an allegation of discriminatory practice.

All complaints, written or verbal, shall be accepted. Allegation received verbally shall also be submitted in writing, refusal to submit in writing will require the person whom the complaint is made against to submit in writing.

Complaints should include the following information:

- a) Name, address and phone number, if provided.
- b) Basis of complaint.
- c) Date the alleged discriminatory action occurred.
- d) Nature of the incident that led to the complaint.
- e) Location, date, time, route, vehicle ID and other pertinent information.
- f) Names, addresses and phone numbers of witnesses with knowledge of the event.
- g) Other agencies, courts and contacts where complaint may also be files.

All ADA complaints received by The Arc of Orange County shall be forwarded to the Corporate Compliance Officer. Complaints will then be disseminated to appropriate administrative staff for investigation.

Should The Arc of Orange County receive a complaint in the form of a formal charge or lawsuit, The Arc of Orange County may seek professional counsel to perform the investigation and other procedures.

### **Transporting Wheelchairs**

The Arc of Orange County will carry any wheelchair and occupant if the lift and vehicle can physically accommodate them, unless doing so is inconsistent with "legitimate safety requirements."

The definition of "wheelchair" No Longer Includes a weight or dimensional standard. A wheelchair is now defined as "a mobility aid" belonging to any class of three-or-more wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered.

### **Wheelchair Securement**

ADA regulations do not require that wheelchairs be secured, however The Arc of Orange County, has established a policy **(a copy of the policy may be had by contacting either the Director of Transportation, or the Corporate Compliance Officer)** requiring passengers to allow their mobility devices to be secured and may deny service if a passenger refuses. The Arc of Orange County will transport passengers when the securement system cannot accommodate the rider's wheelchair. The Arc of Orange County, as stipulated by the ADA, may not establish requirements concerning wheelchair equipment or specifications such as brakes, footrests or wheel locks.

## COMPLAINT FORM

THE Arc of Orange County is dedicated to ensuring that no person is excluded from participation or denied benefits of services on the basis of race, color, national origin, disability, sexual orientation, or other protected status, as provided by Title VI of the Civil Rights Act of 1964 and as amended, and prohibits discrimination against people with disabilities The Americans with Disabilities Act as provided by Act (ADA) of 1990 and as amended.

Complaints must be filed within 180 days from the date of the alleged discrimination with the following information provided to assist in processing. If you require assistance in completing this form, please contact The Arc of Orange County by calling 845- 561-0670.

Return the completed form to:

Patricia Lovelace  
 Director of Quality Assurance and Quality Improvement  
 Corporate Compliance Officer  
 The Arc of Orange County  
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 Newburgh, NY 12550  
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Please fill out complainant information below (if someone other than the complainant, please fill out the last two boxes as well):		Type of Complaint: (please check one)			
		Civil Rights <input type="checkbox"/>	LEP <input type="checkbox"/>	DBE <input type="checkbox"/>	
		ADA <input type="checkbox"/>	EEO <input type="checkbox"/>	Other <input type="checkbox"/>	
Name:					
Address:					
County:	State:	Zip:			
Phone:	Email:				
Person(s) discriminated against (if someone other than complainant):					
Address (if someone other than complainant):					

Which reason best describes the alleged discrimination that took place? (Please check one)	
Race	
Color	
National Origin	
Disability	
Sexual Orientation	
Other discrimination/allegation (please explain in detail)	

**Description of Complaint:**

**Date of Incident:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please describe the alleged discrimination in as much detail as available, such as: date, time, route number, location, vehicle number, names and titles of all staff involved, reason for complaint, explanation of actions leading to complaint, whom you believe responsible and any

witnesses including their contact information. Please use additional sheets of paper as necessary if additional space is required. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Have you filed a complaint with any other federal, state or local agencies? (Check one)**

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If yes, please list agencies and contact information below:

Agency Name:			
Address:			
County:		State:	Zip:
Phone:		Email:	
Website Address:			
Contact Person:			

Agency Name:			
Address:			
County:		State:	Zip:
Phone:		Email:	
Website Address:			
Contact Person:			

Agency Name:			
Address:			
County:		State:	Zip:
Phone:		Email:	
Website Address:			
Contact Person:			

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

\_\_\_\_\_/ /  
 Complainant's Signature Date

\_\_\_\_\_  
 Print or Type Name of Complainant

For Office use Only:	
Date Received:	
Received By:	