ADA Policy/ Procedures

Danville Mass Transit strives to provide an equal level of service to all riders regardless of their abilities. In order to comply with the Americans with Disabilities Act, the following procedures are prescribed.

It is our responsibility to assure that people with a variety of different ability levels are able to use the DMT bus service. This includes assistance in boarding or exiting the vehicle. It would also include assistance onto or off of the ramps or lifts.

While on route, stop announcements and the announcing of common stops is mandatory. While in the transfer zone, route announcements are required to identify what route the bus will be operating as.

Customers using medical equipment such as portable oxygen will be allowed to carry such equipment onboard the vehicle.

If requested, the operator will deploy the ramp or lift for standees that are unable to otherwise board. Strollers or carts are not allowed on the lift with the standee.

Customers must be in control of their service animal at all times.

Personal Care Attendants (PCAs) must be allowed to ride free of charge with riders who possess a card designating the need for such.

Wheelchairs, scooters and other mobility devices must be properly restrained using the securements provided on the bus.

Priority seating is available near the front of the bus and riders are encouraged to use these seats.

Please let the driver know if you need assistance.

ADA COMPLAINT FORM

The American with Disabilities Act (ADA) is civil rights legislation which requires that persons with disabilities receive transportation services equal to those available to people without disabilities, and not be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint:

Please print clearly:
Name:
Address:
City, State, Zip Code:
Telephone Number: Home: Cell:
Message:
Person discriminated against:
Address of person discriminated against:
City, State, Zip Code:
Disability Service animal Personal care attendant What was the date of the alleged discrimination?
Where did the alleged discrimination take place?
Please describe the circumstances as you saw it:

Please list any and all witnesses' names and phone numbers:

Appeals:

A complainant can appeal the decision in instances where he or she is dissatisfied with the resolution. The request for appeal must be made within sixty-(60) business days of receipt of DMT's response. An appeal must be made in writing, by telephone, or in person. Appeals are to be submitted to:

Human Relations Administrator 17 W Main Street Danville, IL 61832

The Director shall maintain the files and records relating to the complaints filed, for a period of five-(5) years. Copies of complaints may be requested in accordance with the Freedom of Information Act. Names and addresses of complainant will be redacted to protect the individuals privacy rights.

The right of a person to prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies, such as filing of an ADA complaint with the responsible state of federal department or agency. Use of this complaint procedure is not a prerequisite to the pursuit of other remedies.