



**Tangipahoa Parish Government**  
**Transit Complaint Process**  
**Title II of the Americans with Disabilities Act**

Title II of the Americans with Disabilities Act (the “ADA”) protects qualified individuals with a disability from discrimination on the basis of that disability in the services, programs, or activities of the TVCOA. This notice is posted to inform the public of the provisions of Title II of the ADA and the requirements of the federal ADA regulations.

**Complaint Procedure.** Tangipahoa Parish Government/TVCOA does not discriminate against qualified individuals with a disability in its services, programs, or activities. Also, qualified individuals with a disability are not excluded from participation in or denied the benefits of the services, programs, or activities of TVCOA. If you have a complaint under Title II of the ADA about the services, programs, or activities of the TVCOA, you are encouraged to file your complaint with the **Tangipahoa Parish Government Human Resource Department:**

ADA Coordinator Location: Human Resource Department  
Address: Tangipahoa Parish Government  
PO Box 215, Amite, La 70422-0215  
Phone Number: (985)748-3211  
Fax Number: (985) 748-5680  
E-Mail Address: HR@tangipahoa.org  
Available: Monday thru Friday, 8:00AM-4:00PM

Tangipahoa Parish Government compliant procedure is designed to informally resolve complaints of disability discrimination under Title II of the ADA. To file a complaint, please follow the steps listed in the TPG ADA Title II Complaint Procedure.

---

**IMPORTANT NOTES:**

- A. **Employment Complaints.** Title I of the ADA—not Title II—addresses disability discrimination related to **employment issues**, including job application procedures, employment qualification standards, employment testing, hiring, advancement, discharge, employee compensation, job training, and other terms, conditions, and privileges of employment. If you have a complaint regarding any of these employment issues, you should not use this Title II ADA complaint procedure.
- B. **Complaints about Other Departments.** The complaint procedure outlined in this notice is available only for complaints regarding the **TVCOA**. A complaint regarding another department or agency of Tangipahoa Parish Government must be filed directly with that department or agency.



## Tangipahoa Parish Government Transit ADA Title II Complaint Procedure

### **STEP 1. FILL OUT AND FORWARD YOUR COMPLAINT.**

Fill out all of the information requested on the ADA Title II Complaint Form. Then mail or hand deliver the completed form to the ADA Coordinator (Personnel Director) for the TVCOA. If you need a reasonable accommodation to communicate your complaint, such as an interpreter or an alternative formats ( large print, word document, or reading the form to complainant), list this on your complaint form so that Tangipahoa Parish Government (TPG) will be able to effectively communicate with you at your meeting. You must file your complaint within **180 calendar days** after the discriminatory action about which you are complaining.

### **STEP 2. MEET WITH THE ADA COORDINATOR ( TPG Personnel Director).**

Within **10 business days** after you file your complaint, the ADA Coordinator will meet with you or contact you by telephone to discuss your complaint.

### **STEP 3. RESOLUTION OF YOUR COMPLAINT.**

- (A) **Complaint Resolved.** If you and the ADA Coordinator jointly agree to a resolution of your complaint, the ADA Coordinator will put the joint agreement in writing and send it to you. The agreement will generally contain the following items:
- (1) A description of your complaint.
  - (2) A summary of the facts.
  - (3) A description of the resolution agreed to.
  - (4) The time frame for resolving your complaint.
  - (5) An assurance that TPG/ TVCOA will comply with the specific terms of the agreement.
- For this resolution to be effective, you must sign a copy of this agreement and return it to the ADA Coordinator in the time specified.
- (B) **Complaint Not Resolved.** If you and the ADA Coordinator cannot resolve your complaint, the ADA Coordinator will send you a notice of that fact. The notice will generally include the following:
- (1) A description of your complaint.
  - (2) A summary of any resolution proposed.
  - (3) A statement addressing the issues that could not be resolved.

If your complaint is not resolved, you may request a further review of your complaint by the **Louisiana Department of Civil Rights**. You should file a request with the Department of Civil Rights within **10 business days** after you receive your notice of non-resolution from the Tangipahoa Parish Government ADA Coordinator. Send a copy of your original complaint and the Civil Service non-resolution notice to the Department of Civil Rights.



## Tangipahoa Parish Americans With Disabilities Act Complaint Form

Please use this form to file a complaint based on disability in the provision of services, activities, programs or benefits.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please call (985) 748-3211. The completed form must be sent to: Human Resource, P.O. Box 215, Amite, La. 70422-0215 or [HR@tangipahoa.org](mailto:HR@tangipahoa.org).

### COMPLAINANT INFORMATION

Name: \_\_\_\_\_

First Name

MI

Last Name

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

#### 1. **Your complaint is made against:**

Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

#### 2. **Location(s) and date(s) of the circumstances giving rise to your complaint:** \_\_\_\_\_

---

---

---

---

---



Are the circumstances of your complaint continuing?

Yes    No

**3. Please describe the alleged denial of service, activities, programs or benefits and your reason(s) for concluding that the conduct was discriminatory. Please include the name(s) of witnesses, if any, and attach supporting data, if available.**

---

---

---

---

**4. This complaint form was completed by:**

Government Representative    Complainant    ADA Coordinator

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

Complainant's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## OFFICE USE ONLY

**HR Receive Stamp:**