Americans with Disabilities Act Complaint Process

The Lancaster Area Ride Service (LARS) has established a process for resolving complaints of discrimination based upon disability. Any person who believes he or she has been subjected to discrimination on the basis of disability may file a complaint under this procedure. The LARS Transportation Director or his/her designee shall be responsible for overseeing investigations and responses to complaints of discrimination based on disability.

How to file a complaint: Please complete an ADA Discrimination Complaint Form. ADA Complaint Forms and the ADA Complaint Procedure is available electronically on the Lancastercoa.com website under the Transportation page, or hardcopies of all material is available at the office of:

Lancaster County Council on Aging
Lancaster Area Ride Service (LARS)
P.O. Box 1296
309 S Plantation Road
Lancaster SC 29720
803-285-6956
aplyler@lancastercoa.org, Transportation Director
or
www.Lancastercoa.org

Complaints can be filed orally or in writing and should contain:

1. The name, address and telephone number of the individual or representative filing the complaint; complaints filed on behalf of third parties must describe or identify the alleged victims of the discrimination;
2. An explanation of the alleged discrimination or denial of service,
3. The date the alleged violation(s) occurred,
4. Signature of the person filing a written complaint.

Complaints may be submitted by mail, e-mail, left at the front desk, or given over the telephone to a transit representative. If an ADA Discrimination Complaint is given over the telephone, it is important to be very detailed and speak clearly. Once all information is provided orally for the complaint form, a LARS staff member-completed complaint form will be returned to the caller
to ensure the accuracy of the caller’s complaint and gain a signature from the complainant. Please be aware this added step may create a delay in submission of the finalized complaint form.

**Upon Receipt of an ADA Discrimination Complaint:** Within ten (10) business days LARS will confirm the receipt of a written ADA Discrimination Complaint and let the complainant know the matter is being investigated. The LARS Transportation Director will investigate the complaint and respond in writing within sixty (60) business days from receipt of the complaint. The response will set out a process for the resolution of the complaint. If the decision is no further action will be taken, the written response will state the reasons for such a decision. All individual ADA Discrimination complaints will be retained on file for at least one year and LARS will maintain a summary of all complaints received for no less than five (5) years. Please note that a transit Contractor’s personnel files are confidential; therefore, specific information on disciplinary actions resulting from a complaint will not be divulged.

**How to Appeal:** The complainant can appeal the decision in instances where he or she is dissatisfied with the resolution. Appeals must be submitted to LARS in writing within sixty (60) days of receipt of the resolution letter. All appeal requests will be date-stamped to record the date the letter was received by LARS. An appeal hearing will be conducted within thirty (30) days of receipt of the applicant’s written request. Applicants will be notified no later than 15 days after receipt of their original appeal request letter with the scheduled time and location for the appeal hearing. The appeal process must allow for complainants to present their case in person and have necessary support for their appeal. Personnel other than the person who made the initial complaint decision must conduct the appeal process. An example is two or more of the following representatives may serve on the appeals panel: LARS Executive Director, or his/her assigned representative, LARS Nutrition Director, or his/her assigned representative, Transportation Service Contractor representative. The appeals panel decision will be mailed to the complainant by letter within 30 days of the hearing. All appeal panel decisions will be final.

Request for appeals should be directed to:

Lancaster County Council on Aging (LARS
Attn: Executive Director
P.O. Box 1296
309 S Plantation Road
Lancaster, SC 29721

The ADA Discrimination Process and Complaint Form can be available in an accessible format, upon request.
**LARS ADA Disability Discrimination Complainant Form**

- Please fill out this form completely
  (Please read the ADA Discrimination Complaint Process to learn how to receive assistance, if desired, in completing the form)
- Sign and return this form to the address shown below.

Complainant Name: ____________________________________________

Address: ______________________________________________________

City, State, Zip ________________________________________________

Home Phone: _____________________ Cell Phone:_________________

E-mail: __________________________

Name, Address, Telephone Number of Person Completing this Form on Behalf of the Complainant:

____________________________________________________________________

____________________________________________________________________

When did the alleged discrimination occur?
Date:_______________________________ Time:___________________________

Where did the alleged discrimination occur?
Location:_________________________________________________________

Describe your complaint of discrimination:
____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
(Attached additional pages, if needed)

Signature of Complainant:_________________________________________________________

Date___________________________

Return Form to:

Lancaster County Council on Aging
Lancaster Area Ride Service (LARS)
P.O. Box 1296
309 S Plantation Road
Lancaster, SC 29720
803-285-6956
aplyler@lancastercoa.org

The ADA Discrimination Process and Complaint Form can be available in an accessible format, upon request.