



## ADA Complaint Policy

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This Policy is established to meet the requirements of the Americans with Disabilities Act (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in employment practices and policies or the provision of services, activities, programs, or benefits provided by the Northern New England Passenger Rail Authority.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant, location of occurrence, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Northern New England Passenger Rail Authority  
Attn: ADA Coordinator  
75 West Commercial Street, Suite 104  
Portland, Maine 04101  
Phone: 207-780-1000 x104 | Email: [catherine@nnepra.com](mailto:catherine@nnepra.com)

NNEPRA Shall:

- **Within 15 calendar days** after receipt of the complaint, the ADA coordinator and/or his/her designee shall communicate with and/or meet with the complainant to discuss the complaint and possible resolutions.
- **Within 30 calendar days or within a reasonable time frame** after the meeting/communication the ADA coordinator and/or his/her designee shall respond in writing, and, where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of NNEPRA and offer options for substantive resolution of the complaint.

**Appeal Process:** If the response by the ADA coordinator and/or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision of the ADA coordinator within 15 calendar days to NNEPRA's Executive Director or his/her designee.

Within 30 calendar days or within a reasonable time frame after receipt of the appeal, the Executive Director or his/her designee shall communicate with and/or meet with the complainant to discuss the complaint and possible resolutions. Within 30 Calendar days after the meeting the Executive or his/her designee shall respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

**Other Remedies:** The right of a person to a prompt and equitable resolution of the complaint filed will not be impaired by the person's pursuit of other remedies such as the filing of an ADA complaint with the responsible federal department or agency. Use of this grievance procedure is not

required prior to the pursuit of other remedies. These rules are intended to protect the rights of interested persons, meet the appropriate due process standards and ensure the NNEPRA complies with the Americans with Disabilities Act.

**Records Retention:** All written complaints and communications related to ADA shall be maintained by NNEPRA for a minimum of five years beginning from the date a matter is deemed closed.



NORTHERN NEW ENGLAND  
PASSENGER RAIL AUTHORITY

**COMPLAINT FORM - AMERICANS WITH DISABILITIES ACT (ADA)**

This form is for submitting complaints alleging that the Northern New England Passenger Rail Authority has not complied with the Americans with Disabilities Act (ADA) of 1990. All complaints will be investigated.

Please print clearly.

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

Violation by (Check one or both):  NNEPRA  Other: \_\_\_\_\_

Location of Occurrence:  Downeaster Train  Downeaster Station (Location: \_\_\_\_\_)  
 Other: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_ Authorized Representative: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Alleged Violation(s):** Describe in detail how NNEPRA has not complied with the ADA. Use additional paper, if necessary.

**SIGNATURE REQUIRED:** I certify that under penalty of perjury under the laws of the State of Maine that the information entered by me on this document is true and correct.

\_\_\_\_\_

\_\_\_\_\_

Complainant's Printed Name

Complainant's Signature

Date

\_\_\_\_\_

Authorized Representative Printed Name

Supervisor/Manager Signature

Date

**THIS MATERIAL IS AVAILABLE IN ALTERNATIVE FORMATS UPON REQUEST TO THE CONTACT ON THE FIRST PAGE**