

**MSW Projects of Henry, Illinois**  
**Marshall-Stark Public Transportation**  
**ADA Complaint Procedures and Form**

**Policy and Procedures:**

MSW Projects of Henry, Illinois who is the operator of Marshall-Stark Public Transportation is committed to providing equal access and opportunity to qualified individuals with disabilities in all programs, services, and activities, as provided by the American with Disability Act (ADA).

ADA transportation service complaints received by MSW Projects of Henry, Illinois will be investigated immediately with every effort made to seek an appropriate and prompt resolution. By promptly identifying deficiency areas, MSW Projects of Henry, Illinois will work to make the necessary corrections or adjustments to alleviate the situation.

All ADA Transportation service complaints shall be submitted in writing on the agency's complaint form and returned to the ADA Officer of MSW Projects of Henry, Illinois, P.O. Box 140, Henry, Illinois 61537. Please see the form included or visit [marshallcountyillinois.com](http://marshallcountyillinois.com).

The following information is necessary to assist us in processing your complaint. If assistance is required in completing this form, please contact the ADA Officer of MSW Projects of Henry, Illinois at 309-364-2287. Once completed the form must be returned to MSW Projects of Henry, Illinois to the attention of ADA Officer at P.O. Box 140, Henry, Illinois 61537.

The investigative officer shall maintain a log of ADA complaints received from this process. This log will include:

- The date the complaint was filed
- A summary of the allegations
- The status of the complaint, and
- Actions taken by MSW Projects of Henry, Illinois in response to the complaint

Should MSW Projects of Henry, Illinois receive an ADA complaint in the form of a formal charge or lawsuit, the agency's attorney shall be responsible for the investigation and maintaining a log as described herein.



*Continued ADA Complaint Form*

Have you filed a complaint with other federal, state or local agencies?    Yes    No

If so, list agency/agencies and contact information below:

Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address, City, State, Zip Code \_\_\_\_\_

\_\_\_\_\_

Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address, City, State, Zip Code \_\_\_\_\_

\_\_\_\_\_

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

**Complainant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print or type name of complainant** \_\_\_\_\_

**For MSW Projects of Henry, Illinois Use Only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_