



Commonwealth of Puerto Rico
Estado Libre Asociado de Puerto Rico
Municipality of / Municipio de Añasco
Collective Transportation Office
Oficina de Transporte Colectivo



P.O. Box 1385 • Añasco, Puerto Rico 00610 • Tel: (787) 826-9999 ó (787) 826-3100 Ext.2604
E-mail: jvelez@anasco.gobierno.pr

Procedure to Present a Complaint under the Americans with Disabilities Act of 1990 (ADA)

The Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 provide that no entity receiving federal funds shall discriminate against a person with a disability concerning transportation services. The Municipality of Añasco is committed to providing safe and reliable transportation to all people without discrimination. These procedures cover all complaints filed pursuant to the ADA and Section 504 alleging discrimination in any program or activity administered by the Municipality of Añasco.

Any person who believes they have been excluded from participation, denied benefits, or subjected to discrimination under any Añasco Town hall program or activity because of their disability may file a complaint with the Town of Añasco ADA Coordinator.

HOW TO FILE AN ADA COMPLAINT

Email: Email the Municipality of Añasco's ADA Coordinator : Johnny Vélez Bellido jvelez@anasco.gobierno.pr, jrosario@anasco.gobierno.pr

Regular mail: Complete the ADA complaint form and mail it to:

Attn. Mr. Johnny Vélez Ballido
ADA Coordinator & Transportation Program Director
PO Box 1385
Calle 65 de Infantería # 72
Añasco, Puerto Rico 00610

Phone: Call the Municipality of Añasco, Transportation Program at 787-826-9999 and file a complaint with a customer service representative, who will then forward the complaint to the ADA Coordinator.

In person: Complete a customer feedback form at the Transportation Program Office – Public Works Building located at Barrio Hatillo Km. 6.2 Int. Paseo Don Vidal Añasco, PR 00610, with coordinates 18.2971866; -67.1813858.

You can file your complaint directly with the Federal Transit Administration (FTA). You can find more information at [https:// www.transit.dot.gov/regulations-and-guidance/civilrights-ada/file-complaint-fta](https://www.transit.dot.gov/regulations-and-guidance/civilrights-ada/file-complaint-fta).



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WHAT HAPPENS AFTER I RECEIVE MY COMPLAINT?

1. Investigations will be initiated within fifteen (15) working days following receipt of the complaint. The Municipality of Añasco will make every effort to respond to ADA complaints within thirty (30) business days of receipt.
2. Upon completion of the investigation, the Municipality of Añasco will contact the complainant regarding their response.
3. If the claimant disagrees with the determination, he or she may appeal the decision in writing within thirty (30) days from the date of the determination. The appeal letter should state the reasons why the claimant believes the decision was an error.
4. The appeal letter should be mailed to:

Hon. Kabir Solares García
Mayor
PO Box 1385
Calle 65 de Infantería # 72
Añasco, Puerto Rico 00610

Here is a form that will make it easier for you to file your complaint.



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Complaint Form

The following information is necessary to help us process your complaint. If you need assistance completing this form, please contact the ADA Coordinator at 787-826-9999 or at: JVELEZ@anasco.gobierno.pr jrosario@anasco.gobierno.pr

Important Note: Information on how to communicate with you effectively- Please let us know if you would like written communications in a specific format (e.g., large print, Braille, or electronic documents).

Full Name of the claimant (in print):

Physical Address _____

City: _____ State: _____ Zip Code: _____

Postal Address _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (home) _____ (work) _____

Individual(s) discriminated against, if different from above (use additional pages if necessary).

Name: _____ Date: (day, month, year) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (home) _____ (work) _____

Please explain your relationship with the person(s) listed above:

Incident Description

Transit Service where the incident occurred:

Fixed Route _____

Paratransit _____

Elderly 5310 _____



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Other occasion, please describe _____

Date of incident: _____

Time of Incident: _____

Incident Location: _____

Vehicle or route number, if known: _____

Employee Name (if known): _____

Alleged Discrimination

If your complaint relates to discrimination in the provision of services or discrimination involving your treatment by others by the agency or department listed above, please indicate below the basis on which you believe they are discriminatory. Measures will be taken.

Cause of the alleged discrimination (describe):

Disability _____

Race/Color/National Origin _____

Other: (e.g., gender, religion, age) _____

Explains:

Please explain what happened as clearly as possible. Provide the name(s) of the witness(es) and others involved in the alleged discrimination. Attach additional sheets if necessary and provide a copy of written material related to your case.

Note: The Municipality of Añasco prohibits retaliation or intimidation against any person because that person has taken action or participated in an action to ensure rights protected by the policies of the Municipality. Please inform the ADA Program Coordinator if you feel that you were intimidated or experienced perceived retaliation in connection with the submission of this claim.