Iowa City Transit

ADA Complaint Policy and Procedure

CITY OF IOWA CITY
UNESCO CITY OF LITERATURE

December 19, 2025

Iowa City Transit ADA Complaint Policy

The City of Iowa City ("Iowa City Transit") has established a grievance procedure to support the prompt and equitable resolution of complaints alleging discrimination. The Americans with Disabilities Act (ADA) of 1990 and the Rehabilitation Act of 1973 prohibit discrimination against those with disabilities regarding employment, transportation, public accommodation, communications, and governmental activities. The ADA additionally defines a disability as any physical or mental restriction significantly affecting a person's ability to participate in basic life activities. Therefore, Iowa City Transit offers accessible transportation arrangements for passengers unable to use their fixed-route bus service on account of either a temporary or permanent disability.

Instructions to the Public on How to File an ADA Complaint and Complaint Procedures

Any individual or any specific class of individuals who believes themselves to be discriminated against on the basis of disability by Iowa City Transit may submit an ADA complaint, directly or through a representative, with the City of Iowa City ADA Coordinator. A complaint must be filed not later than 60 days from the date of the alleged discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. The Iowa City Transit Complaint Form, posted to the Iowa City Transit website and attached hereto, may be used to file the complaint online; or the form may be printed, completed and submitted by the complainant directly or by their representative. 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 their designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Kirk Lehmann: ADA Coordinator/Assistant City Manager
City Manager's Office
410 E Washington St.
Iowa City, Iowa, 52240

Within 30 calendar days after receipt of the complaint, the ADA Coordinator or the ADA Coordinator's designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator or

the ADA Coordinator's designee will respond in writing, and where appropriate, respond in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City of Iowa City (Iowa City Transit) and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or ADA Coordinator's designee does not satisfactorily resolve the issue, the complainant and/or the complainant's representative may appeal the decision within 15 calendar days after receipt of the response to the ADA Coordination Committee.

Within 30 calendar days after receipt of the appeal, the ADA Coordination Committee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the ADA Coordination Committee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All complaints received by the ADA Coordinator or ADA Coordinator's designee, appeals to the ADA Coordination Committee, and responses from these two offices will be retained by the City of Iowa City for at least five years.

For more information, please contact Iowa City Transit at (319) 356-5151.

Received By: _____

Date Received: ____ / ____ / _____

Iowa City Transit
Discrimination Complaint Form

Complainant Contact Information		
Name (last, first, m)	Phone Number	
Street Address		
City	State	Zip
Email Address		

Complainant Representative Information		
Do you have a representative? ☐Yes ☐No		
Representative's Name (and firm, if applicable)	Representative's Phone Number	
Representative's Address		
Representative's City	State	Zip
Representative's Email Address		

Complaint Information		
On which basis are you alleging discrimination? (Check all that apply and explain below)	☐ Race ☐ Color ☐ National Origin	☐ Disability ☐ Other
Date of alleged act of discrimination, or date Complainant became aware of the alleged discrimination		
Please explain what happened to you (you may use additional pages if necessary). Attach any supporting documents to your complaint.		

Complaint Determination	
Violation Found? ☐ Yes ☐ No	
If Yes, description of remedial step(s) to be taken. If No, justification for determination.	
Acknowledgement	
Name, Title	
Signature	Date
Follow Up	
Date:	Method of Contact ☐ Email ☐ Phone ☐ Letter