
East Bay Paratransit

1750 Broadway
Oakland, CA 94612

Title II ADA Complaint Appeals Process

If you disagree with the East Bay Paratransit's response to your allegations of an action prohibited by Title II of the Americans with Disabilities Act (ADA), you may file an appeal. Please read the following directions.

1. Complete the Request for Appeal Form and return it by the date noted in the grey box on the form. If you do not request an appeal by this date, you forfeit your right to appeal the decision. Mail or email the appeal form to:

MAIL

**Quality Assurance Manager
East Bay Paratransit
1750 Broadway
Oakland, CA 94612**

EMAIL

us.ebpt.customerservice@transdev.com

All appeals must be submitted in writing. If you are unable to write because of a disability and need assistance in completing the form, East Bay Paratransit staff will assist by scribing your appeal request by phone. Please contact the Quality Assurance Manager at (510) 446-2006 or 711 for the California Relay Service.

2. You will be notified of the date and time when your hearing is scheduled. If you need a language or sign language interpreter, request one at least seven (7) days in advance of the hearing.

We encourage you to attend the hearing. If you are not available at the time specified but want to attend, please let us know immediately. Or, if you choose, you may send a representative to meet with the Appeals Panel, or you may submit information in writing that you'd like the Panel to consider. If you, or your representative, do not attend, after agreeing with the appointment, the Appeals Panel will make a decision based on all the information available at the time of the hearing.

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3. The Appeals Panel includes an East Bay Paratransit Accessible Services Representative, a member of the East Bay Paratransit Accessibility Advisory Committee (EBPAC), and a member of the East Bay Paratransit Drivers Committee. The Appeals Panel will make a decision on your appeal within thirty (30) days of your hearing, and you will be notified in writing of this decision.
4. The appeal date and time will be established based on the availability of member of the Appeals Panel and within thirty (30) calendar days of the date of the appeals request.
5. The decision of the Appeals Panel is final.
6. For additional information please contact:

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East Bay Paratransit
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Oakland, CA 94612
510-446-2006
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AMERICANS WITH DISABILITIES ACT TITLE II ADA VIOLATION COMPLAINT DENIAL APPEAL FORM

I want to appeal the decision about my allegations of an action prohibited by Title II of the Americans with Disabilities Act (ADA).

Mail in your appeal no later than: _____
(30 calendar days from receipt of response)

PLEASE PRINT LEGIBLY

Full Name:	Telephone Number:
Address, City, State, Zip:	
E-mail address:	

I have someone helping me, whom East Bay Paratransit should contact.

Advocates Name:	
Advocates Phone:	Relationship:

REASON FOR APPEAL: In your own words, describe why you believe the denial decision should be overturned. Feel free to use additional paper if needed.

Appellant signature: _____ Date: _____

List any disability related accommodation you need for the appeals hearing:

Advocate Signature (if applicable): _____

Return by mail to: Quality Assurance Manager, East Bay Paratransit,
1750 Broadway, Oakland, CA 94612

Return by e-mail to: us.ebpt.customerservice@transdev.com