

CITY OF WEST BEND  
SHARED-RIDE TAXI SERVICE



ADA POLICY

February 2017

# CITY OF WEST BEND SHARED-RIDE TAXI SERVICE ADA POLICY

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# City of West Bend Shared-Ride Taxi Service ADA Policy

## 1. General

### A. Goal

It is the goal of the City of West Bend through its general public demand response service to design/ implement and maintain an efficient and effective transportation system for persons with disabilities.

### B. Policy

It is the policy of the City of West Bend that no person shall solely by his/her disability be excluded from participation in be denied the benefits of or otherwise be subjected to discrimination under any program or activity undertaken by the City of West Bend that receives or benefits from federal financial assistance.

### C. Purpose

General public demand response service provides safe and efficient transportation within the City of West Bend to persons with disabilities.

### D. Objectives

General public demand response service meets the specific objectives of the ADA requirements by:

1. Providing demand-response curb-to-curb transportation on specially equipped vehicles designed to accommodate persons with disabilities.
2. Maintaining a trained staff for the operation and control of the service.
3. Providing on-going mechanisms for persons with disabilities to provide input on the City of West Bend policies and procedure.

## II. Operations

### A. General

General public demand response service is provided in accordance with the six service criteria established by the Department of Transportation for ADA paratransit operations including days and hours of service, service area, response time, fares, trip purposes and capacity constraints.

### B. Days and Hours of Service

The general demand response service operates the following schedule:

Monday – Saturday	6 am – 10 pm
Sunday	8 am – 4 pm

Service is not offered on the following holidays:

New Year's Day	Labor Day
Memorial Day	Thanksgiving Day
4 <sup>th</sup> of July	Christmas Day

### C. Service Area

General demand response service shall be within the city limits of West Bend.

### D. Response Time

All appointments must be scheduled through the office. The goal is to have a response time of 30 minutes. Actual pick up time can vary up to 30 minutes from the scheduled pick up time.

### E. Fares

2017 Rates

<b>Category</b>	<b>Individual Ride (One- Way)</b>	<b>10 ride coupon card</b>
Adults (Age 18 to 64)	<b>\$4.50</b>	<b>\$45.00</b>
Youth (Age 5 to 17)	<b>\$3.50</b>	<b>\$35.00</b>
Elderly (65 and up)	<b>\$3.50</b>	<b>\$35.00</b>
Disabled	<b>\$3.50</b>	<b>\$35.00</b>
Children (4 and under)	<b>FREE</b>	<b>FREE</b>

F. Trip Purpose

Trips for any purpose will be accommodated and will not be prioritized by trip purpose. Passengers will not be asked to provide information regarding their trip purpose.

G. Capacity Constraint Monitoring

The City of West Bend will not constrain capacity by restricting the number of trips an individual will be provided; by maintaining waiting lists for access to the service; or by providing a service which has a substantial number of significantly untimely pick-ups for initial or return trips, trip denials, missed trips, or trips with excessive trip lengths. Performance data will be collected and reported for the purpose of establishing whether capacity constraints exist.

H. Inclement Weather

In the event of inclement weather, the city of West Bend Taxi may change service to essential rides only.

I. Lost and Found

The City of West Bend will not be responsible for items left on vehicles. However, if found, the item(s) will be held for 30 days. If the item is not claimed within 30 days, it may be donated to a local charitable organization.

Passengers attempting to locate lost items should call the City Taxi office. If the passenger's item has been located, every effort will be made to return the item to the passenger on his/her next scheduled trip.

III. Passengers Responsibilities

A. General Passenger Condition

All passengers must be able to sit in a taxi seat or wheelchair in order to be transported. Any passenger whose medical condition is such that the passenger is incoherent or requires immediate medical attention to sustain life may be denied service. General public demand response service is to be considered a "common carrier" and does not perform ambulance or emergency service.

If the driver reasonably believes a passenger's physical condition or conduct is hazardous, or if a passenger possesses weapons, instruments or equipment that are reasonably believed to be dangerous, service may be terminated immediately. The passenger will be notified of his/her right to appeal the termination and the City of West Bend will hear the appeal as soon as reasonably possible.

B. Requesting Service

A request for service can be made the day of service or up to 7 days in advance. In order to schedule a trip, one must speak directly to the dispatcher with the City Taxi who will require the following in scheduling a trip:

1. Name
2. Phone Number
3. Pick-Up Address
4. Destination Address
5. Desired Pick-Up Time
6. Desired Drop-Off Time (Appointment Time)
7. Number of Passengers

Passengers can schedule service by calling the City of West Bend Taxi Service at (262) 334-3096.

C. Riding General Public Demand Response Service

General public demand response passengers shall be ready no later than the designated pick-up time. However, due to variations in timepieces, it is recommended that passengers be ready five minutes before their pick-up time when possible.

When drivers arrive at the pick-up location, they are not required to wait more than three minutes past the time of arrival, unless they arrive early. In the event the drivers arrive early, they will not leave the pick-up location until three minutes past the designated pick-up time.

Service may not be rendered if the vehicle cannot access the origin or destination location, or if the location does not provide safe passage for the vehicle or safe access to the vehicle by the passenger. The driver shall immediately call the dispatcher for further instructions in such case.

Drivers are not permitted to enter a passenger's home under any circumstance.

Drivers are not permitted to maneuver a wheelchair up or down any steps. This rule is provided for the safety of the passenger and the driver.

Drivers are not permitted to lift passengers.

Passengers must pay their fares upon boarding the taxi. Failure to do so may result in no service for that trip. General public demand response service passengers are encouraged to wear seat belts.

Profanity or abusive conduct shall not be permitted and may result in suspension or termination of service.

Eating, Drinking or smoking is not allowed in the City of West Bend Vehicles.

D. Transportation of Children

The minimum age for a child to travel alone aboard general public demand response service vehicles is five years of age. Children under the age of four must have a responsible person accompany them during transport. Only the City of West Bend's Transportation Superintendent may grant exceptions.

E. Cancellations and "No Shows"

If passengers are unable to keep the scheduled appointment time, they should notify the City of West Bend Taxi Service at least 30 minutes prior to the scheduled pick-up time. Failure to do so will result in the recording of a "no show". A record of all "no shows" will be maintained at the Taxi office.

The City Taxi personnel will notify passengers about their "no show" the next time that person calls for taxi service.

A passenger who accumulates three "no shows" may be suspended from riding for a period of time. This decision is made by the Taxi Service Manager.

F. Accommodation of Wheelchairs

The City of West Bend Taxi will transport wheelchairs and other mobility devices as long as the vehicle can safely accommodate them.

Any passenger who utilizes a wheelchair device for mobility shall ensure the brakes on the wheelchair are in working order before transportation can be provided. All passengers boarding the taxi in wheelchairs will be required to have the wheels of the chair in a locked position.

All wheelchairs and other mobility devices must be secured to the floor of the vehicle using the securement equipment. The drivers will make every effort not to damage wheelchairs or mobility devices with the securement straps and hooks.

G. Service Animals & Accommodation of Animals

Only service animals are allowed on our City of West Bend Shared-Ride Taxis.

H. Carry-On Packages

Drivers will help passengers take lightweight items off the vehicle and set them on the curb. If additional assistance is required, this assistance may be rendered on a case-by- case basis.

IV. Complaint Process

If assistance is needed with filing a complaint or any other part of the process please contact Angela Rosenberg, Transit Assistant (262) 335-5064.

A. How to File A Complaint

The Complainant may file a signed, written complaint up to sixty (60) days from the date of the alleged discrimination. The ADA Complaint Form (see section B) may be used to submit the complaint information. The complaint may be filed in writing with the City of West Bend at the following address:

City of West Bend  
Angela Rosenberg, Title VI/ADA Coordinator  
1115 S. Main St  
West Bend, WI 53095

What Happens To The Complaint After it is Submitted?

All complaints alleging discrimination based on the Americans with Disabilities Act in a service provided by the City of West Bend Taxi will be directly addressed by the City. Additionally, City of West Bend shall make every effort to address all complaints in an expeditious and thorough manner.

A letter of acknowledging receipt of complaint will be mailed within seven (7) days (see section C). Please note that in responding to any requests for additional information, a complainant's failure to provide the requested information may result in the administrative closure of the complaint.



City of West Bend will notify WisDOT-Transit Section of the complaint at: WisDOT-

Transit Section, Chief  
4802 Sheboygan Avenue, Rm 951  
Madison, WI 53707

How Will The Complainant Be Notified Of The Outcome Of The Complaint?

City of West Bend will send a final written response letter {see section D) to the complainant. In the letter notifying complainant if the complaint is or is not substantiated (see section E), the complainant is also advised of his or her right to 1) appeal within seven {7) calendar days of receipt of the final written decision from City of West Bend and/or 2) file a complaint externally with the Federal Transit Administration. Every effort will be made to respond to ADA complaints within sixty {60) working days of receipt of such complaints, if not sooner. Once sufficient information for investigating the complaint is received by the City of West Bend, a written response will be drafted subject to review by the City's attorney. If appropriate, the City of West Bend's attorney may administratively close the complaint. In this case, the City will notify the complainant of the action as soon as possible. In addition to the complaint process described above, a complainant may file an ADA complaint with the following offices:

Federal Transit Administration, Region V  
Attention: Title VI Program Coordinator  
200 West Adams Street, Suite 320  
Chicago, IL 60606

**ADA COMPLAINT FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Person discriminated against: \_\_\_\_\_

Address of person discriminated against (if other than you): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

What was the date of the alleged discrimination? \_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_

Describe the alleged discriminatory action: (Please add extra sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any and all witnesses' names and phone numbers:  
\_\_\_\_\_  
\_\_\_\_\_

What steps have you taken to address the conflict or problem?  
\_\_\_\_\_  
\_\_\_\_\_

What type of corrective action took place?  
\_\_\_\_\_  
\_\_\_\_\_

What remedy are you seeking?  
\_\_\_\_\_  
\_\_\_\_\_

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the ADA Coordinator:

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name

**RECEIPT OF COMPLAINT**

Date

Ms. Jo Doe  
1234 Main St.  
Clarksville, WI  
53531

Dear Ms. Doe:

This letter is to acknowledge receipt of your complaint against the City of West Bend Shared-Ride Taxi Service alleging \_\_\_\_\_.

An investigation will begin shortly. If you have additional information you wish to convey or questions concerning this matter, please feel free to contact this office by telephoning 262-335-5064, or write to me at this address.

City of West Bend  
Attn: Angela Rosenberg, ADA Coordinator  
1115 S. Main St  
West Bend, WI 53095

Sincerely,

Angela Rosenberg  
ADA Coordinator

**LETTER NOTIFYING THE COMPLAINT IS SUBSTANTIATED**

Date

Ms. Jo doe  
1234 Main St.  
Clarksville, WI  
53531

Dear Ms. Doe:

The matter referenced in your letter on \_\_\_\_\_(date) against the City of West Bend Shared-Ride Taxi Service alleging an ADA violation has been investigated.

(An/Several) apparent violations of the Americans with Disabilities Act, including those mentioned in your letter (was/were) identified. Efforts are underway to correct these deficiencies.

Thank you for calling this important matter to our attention. You were extremely helpful during our review of the program. (If a hearing is requested the following sentence may be appropriate.) You may be hearing from this office, or from state or federal authorities, if your services should be needed during the administrative hearing process.

Sincerely,

Angela Rosenberg  
ADA Coordinator

LETTER THE COMPLAINT IS NOT SUBSTANTIATED

Date

Ms. Jo Doe  
1234 Main St.  
Clarksville, WI  
53531

Dear Ms. Doe:

The matter referenced in your complaint on \_\_\_\_\_ (date) against the City of West Bend Shared-Ride Taxi Service alleging \_\_\_\_\_ has been investigated.

The results of the investigation did not indicate that the provisions of the Americans with Disabilities Act had in fact been violated. As you know, ADA prohibits discrimination in any program receiving federal financial assistance.

The City of West Bend has analyzed the materials and facts pertaining to your case for evidence of the city's failure to comply with any of the ADA laws. There was no evidence found that any of these laws have been violated.

I therefore advise you that your complaint has not been substantiated, and that I am closing this matter in our files.

You have the right to 1) appeal within seven (7) calendar days of receipt of this final written decision and/or 2) file a complaint externally with the Federal Transit Administration at:

Federal Transit Administration, Region V  
Office of Civil Rights  
Attention: Title VI Program Coordinator  
200 West Adams Street, Suite 320  
Chicago, IL 60606

Thank you for taking the time to contact us. If I can be of assistance to you in the future, do not hesitate to call me.

Sincerely,

Angela Rosenberg  
ADA Coordinator

**Acknowledgement of Receipt of ADA Plan**

I hereby acknowledge the receipt of the City of West Bend ADA Plan. I have read the plan and am committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services according to the Americans with Disabilities Act, as protected by the Federal Transit Administration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Date

