

LifeSpan Resources, Inc.

Americans with Disabilities Act

Complaint Form and Instructions

This Complaint Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits.

The complaint should be in writing by filling out the Complaint Form below. 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 to the address on the Complaint Form as soon as possible but no later than 60 calendar days after the alleged discrimination.

Within 15 calendar days after receipt of the complaint, a representative will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the representative will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will offer options for substantive resolution of the complaint.

If the response by the representative does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to:

Russ Greenleaf
Grants Department
Transit Authority of River City (TARC)
1000 W. Broadway
Louisville, KY 40203

Within 15 calendar days after receipt of the appeal, the Transit Authority of River City (TARC) will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Transit Authority of River City (TARC) will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received and responses from these two offices will be retained by the offices for at least three years.

Americans with Disabilities Act Discrimination Complaint Form

Please fill out this form completely. Mail or bring it to the address at the bottom.

Person making the Complaint: _____

Address: _____

City, State and Zip Code: _____

Telephone: _____

Person Discriminated Against (if other than the person making the complaint):

Address: _____

City, State, and Zip Code: _____

Telephone: _____

Where and when did the discrimination occur? Date: _____

Place: _____

Describe the act of discrimination:

Signature: _____ Date signed: _____

Mail or bring this completed form to:

**Ramona Miller
33 State Street Suite 308
New Albany, IN 47150**

*If you wish, you may also mail this form to:
US Department of Justice
Civil Rights Division, Disability Rights Section
950 Pennsylvania Avenue, NW
Washington, D.C. 20530*