



## **ADA COMPLAINT PROCEDURES**

Plaquemines Port Harbor & Terminal District, (PPHTD), DBA Louisiana Gateway Port, procedures for receiving and overseeing investigations and responses to complaints of discrimination based on disability. Any person who believes he or she has been subjected to discrimination on a Port Ferry based on disability by may file a complaint under this procedure. It is against the law to retaliate against anyone who files a complaint or cooperates in the investigation of a complaint. Port investigates complaints received no more than 180 days after the alleged incident.

### **How to File a Complaint:**

Fill out an ADA Discrimination Complaint Form. Forms and process information are available online at [louisianagatewayport.com](http://louisianagatewayport.com) or by request at Port Offices, 8056 Highway 23, 3<sup>rd</sup> Floor, Belle Chasse, LA 70037. (504) 682-7920. Complaints can be filed orally or in writing and should contain:

1. The name, address and telephone number of the individual or representative filing the complaint; complaints filed on behalf of third parties must describe or identify the alleged victims of the discrimination.
2. An explanation of the discrimination or denial of service;
3. The date the alleged violation(s) occurred; and
4. Signature of the person filing the complaint.

Complaints may be submitted as follows:

- Mail completed form to Louisiana Gateway Port, Attn: Patrice Bell, 8056 Highway 23, 3<sup>rd</sup> Floor, Belle Chasse, LA 70037;
- Complaints may also be faxed to (504) 682-0649
- In person at PPHTD, 8056 Highway 23, 3<sup>rd</sup> Floor, Belle Chasse, LA 70037.
- The complaint may be submitted over the telephone by calling (504) 682-7920.

Once the complaint is received, Plaquemines Port will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

Eligibility All complaints are considered formal and shall be investigated unless:

1. The complaint is withdrawn;
2. The complainant fails to provide required information after numerous requests;
3. The complaint is not filed within the 180-day time- frame of the incident or event;
4. The basis of the complaint is not covered by ADA Title II.

### **Complaint Review and Investigation**

PPHTD has 60 days to investigate the complaint from the receipt of the complaint. If more information is needed to resolve the case, PPHTD may contact the complainant. The complainant has 30 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 30 business days, PPHTD can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case. If the decision is made not to investigate the complaint, the complainant will be notified in writing within 20 calendar days and the notification shall state the specific reasons the complaint was deemed to not have investigative merit.

The investigation process will include review of any and all relevant documents, reports, video, etc. As well, focused interviews with key contacts will be conducted as applicable to obtain facts and evidence regarding the allegations in the complaint. The investigator will elicit information from all contacts and witnesses that can provide firsthand information about the incident, event or action specified in the complaint. All relevant documentation, including interview notes and/or recordings will be dated. Additionally, a chronological contact sheet will be maintained in the case file throughout the investigation.

The investigation will address only those issues relevant to the allegations of the complaint and confidentiality will be maintained to the maximum extent feasible.

## **Resolution**

After the investigator reviews the complaint, he/she will issue one of two letters to the complainant: a closure letter or a letter of finding. A closure letter summarizes the allegations and states that there was not a Title II violation and that the case will be closed. A letter of finding summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, he/she has 60 days after the date of the letter or the letter of finding to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590



**ADA COMPLAINT FORM**

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

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

Telephone (Home/Cell): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Email: \_\_\_\_\_

Do you require an accessible format? Large Print \_\_\_\_\_ Audio Tape \_\_\_\_\_  
TTY/TDD \_\_\_\_\_ Other \_\_\_\_\_

**Section II:** Are you filing this complaint on your own behalf? \* Yes \_\_\_\_\_ No \_\_\_\_\_

\*If you answered "yes" to this question, go to Section III. If not, please supply the name and relationship of the person for whom you are filing: Have you obtained permission from this person? Yes \_\_\_\_\_ No \_\_\_\_\_

**Section III:** If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination. Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_ Time: \_\_\_\_\_

Vessel Name: \_\_\_\_\_ Location of Ferry Crossing: \_\_\_\_\_

Name(s) of Employee(s) involved: \_\_\_\_\_ Explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use the back of this form.

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**Section IV**

Have you previously filed an ADA complaint with Plaquemines Parish Government?

Yes \_\_\_\_\_ No \_\_\_\_\_

Contact name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Section V**

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?  Yes  No If yes, check all that apply:

Federal Agency: \_\_\_\_\_  Federal Court: \_\_\_\_\_

State Agency: \_\_\_\_\_  State Court: \_\_\_\_\_

Local Agency: \_\_\_\_\_  Local Court: \_\_\_\_\_

Please provide contact information for the person you spoke to at the above agency:

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

Agency: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you need assistance completing this form, please contact the Plaquemines Port Director of Administration: 504-682-7920 or email Christie Nielsen at [cnielsen@pphtd.com](mailto:cnielsen@pphtd.com).



## **COMPLAINTS RESOLUTION OFFICIAL**

Plaquemines Port ferry service is accessible and usable by all persons with disabilities. The vessel captain is the designated highest authority on each ferry boat and is the assigned to the position of CRO (Complaints Resolution Official). As such will have the power to overrule the decisions of any other personnel with respect to safety matters.

PPHTD's ADA Policy, Complaint Form and CRO information will be posted on each ferry vessel.