

CABL Bus Lines Notice to Riders

CABL BUS LINES IS NOTIFIYING RIDERS OF THEIR PROTECTION UNDER ADA REQUIREMENTS (49 CFR 13.17 and Section 12.7 of FTA's ADA Circular)

- (1) CABL Bus Lines have procedures in place to promptly and equitably resolve disability-related complaints.

Reasonable accommodations and/or accessible formats may also be provided to assist individuals with disabilities by request.

- (2) Riders and members of the public may request at the address below a copy of 49 CFR 37.17 and Section 12.7 of FTA's ADA Circular, which will provide additional information about CABL's ADA Complaint Process compliance.
- (3) Riders and members of the public that feel they have an ADA disability-related complaint should provide a written complaint to the ADA Coordinator at the address below at the earliest possible date. The ADA Coordinator respond in a timely manner.

Additional Information and Written Correspondence:

**ADA Coordinator
CABL Bus Lines
698 Wayne Street
Marietta, OH 45750**

(740) 373-7671
TDD Ohio Rely Service TDD (800) 750-0750

CABL COMMENT/COMPLAINT FORM

CABL is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints. You may also call us at 740-373-7671 visit us at 698 Wayne Street, Marietta, Ohio or contact us by email or U.S. postal mail at the addresses below. Please make sure to provide us with your contact information in order to receive a response. [CABL Bus Lines, ADA Coordinator, 698 Wayne Street, Marietta, Ohio 45750]

SECTION I: TYPE OF COMMENT (Choose One)*

Compliment__ Suggestion__ Complaint__ Other: _____ **ADA Related? Y / N**

SECTION II: CONTACT INFORMATION

Name: _____

Street Address: _____

City _____ State _____ Zip code: _____

Phone: _____

Email: _____

Accessible Format Requirements: Large Print__ TDD/Relay__ Audio Recording__ Other _____

SECTION III: COMMENT DETAILS

Date of Occurrence: _____ Time of Occurrence: _____

Name/ID of Employee(s) or Others Involved: _____

Vehicle ID/Route Name or Number: _____

Direction of Travel: _____

Location of Incident: _____

Mobility Aid Used (if any): _____

If above information is unknown, please provide other descriptive information to help identify the employee:

Description of Incident or Message [Text box on web form for narrative]:

SECTION IV: FOLLOW-UP

May we contact you if we need more details or information? Yes _____ No _____

What is the best way to reach you? (Choose One)* Phone _____ Email _____ Mail _____

If a phone call is preferred, what is the best day and time to reach you? _____