



GOVERNMENT OF PUERTO RICO
Ports Authority

PRPA, ATM & DTOP ADA COMPLAINT PROCESS

In compliance with Americans with Disabilities Act (ADA), as amended, U.S. Department of Transportation and 49 CFR Parts 27, 37.5(i)(3), 27.13 and 37.17, Puerto Rico Ports Authority ensures its services, public transportation, and facilities are accessible to and usable by individuals with disabilities. Anyone who believes he or she has been discriminated against on the basis of disability may file an ADA complaint.

Complaints may be submitted by filing a Complaint Form or contact Ms. Susana Figueroa Liggett, Equal Opportunity Manager and ADA Coordinator of PRPA at (787) 729-8715, ext. 2292 or email SUFigueroa@prpa.pr.gov. If the complainant is unable to write a complaint, a representative may file on his or her behalf. Complaints must be filed within 180 calendar days of the alleged incident. You can access to the Complaint Form online, by downloading an ADA Complaint Form www.prpa@.pr.gov

- 1.** The ADA Coordinator will contact the complainant within 10 business days of receipt of complaint. Any requested information must be received by PRPA within 5 days of request*.
- 2.** PRPA will begin the investigation within 15 business days of receipt of complaint if the alleged discrimination is found to be a violation of ADA regulations.
- 3.** An investigation into the complaint will be conducted and documented to determine whether PRPA failed to comply with ADA regulations.
- 4.** PRPA will complete the investigation within 60 calendar days of receipt of complaint. If additional time is needed for the investigation, the complainant will be notified.
- 5.** PRPA will promptly communicate its response to the complainant, including its reasons for the response. The complainant will have 5 business days from receipt of PRPA response to file an appeal. If no appeal is filed, the complaint will be closed.

*PRPA will process and investigate all complaints that meet the requirements of ADA discrimination. If the complainant fails to provide required information within the required timeframe, the complaint may be closed.



PRPA & ATM ADA COMPLAINT FORM

SECTION I:

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
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*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
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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: _____

Transit Line/Route: _____ Vessel ID or Name: _____ Location: _____

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.

SECTION IV

Have you previously filed an ADA complaint with PRPA	Yes	No
Contact name:	Telephone number:	

SECTION V

Have you filed this complaint with any other federal, state, or local agency, or with any state or federal 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:
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Agency:

Address:

Telephone:

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

Signature _____ Date _____

Please submit this form in person at the address below or email to:
SUFigueroa@prpa.pr.gov

Susana Figueroa Liggett
Equal opportunity Division
P.O. Box 362829
San Juan, PR 00936-2829