



## NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), SOAR365® will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

**Employment:** SOAR365® does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations by the U.S. Equal Employment Opportunity Commission.

**Effective Communication:** SOAR365® will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in our programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

**Modifications to Policies and Procedures:** SOAR365® will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in our program, service, or activity, should contact our ADA Coordinator at (804)358-1874 or [Compliance@Soar365.org](mailto:Compliance@Soar365.org) as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require SOAR365® to take any action that would fundamentally alter the nature of its programs or services, or impose any undue financial or administrative burden.

Complaints that a SOAR365® program, service, or activity is not accessible to persons with disabilities should be directed to our ADA Coordinator at (804)358-1874 or [Compliance@Soar365.org](mailto:Compliance@Soar365.org)

SOAR365® will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids / services or reasonable modifications of policy.



## THE AMERICANS WITH DISABILITIES ACT COMPLAINT PROCEDURES

This grievance procedure is established to meet the requirements of the Americans with Disabilities Act (ADA) of 1990. 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 by SOAR365®.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant; and location, date and description of the alleged discrimination. Alternative means of filing complaints, such as personal interviews or tape recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted no later than 60 calendar days after the alleged violation to:  
ADA Coordinator, SOAR365®  
3600 Saunders Ave, Richmond, VA 23227  
(804)358-1874, TTY / TDD 711

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or their designee will meet with the complainant to discuss the complaint and the possible resolution. Within 15 calendar days of the meeting, the ADA Coordinator or his designee 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 explain SOAR365's® position and offer options for substantive resolution of the complaint.

If SOAR365's® response does not satisfactorily resolve the issue, the complainant may appeal the decision within 15 calendar days after receipt of the response to the Secretary of Transportation.

All written complaints received by SOAR365®, appeals to the Secretary of Transportation, and responses from these two offices will be retained by SOAR365® for at least three years.



**Title II of the Americans with Disabilities Act  
Section 504 of the Rehabilitation Act of 1973  
Discrimination Complaint Form**

- Please fill out this form completely.
- Print or type the information.
- Sign and return this form to the address at the bottom of this page

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

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

City, State, and Zip: \_\_\_\_\_

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

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

Person discriminated against (if other than complainant): \_\_\_\_\_

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

City, State, and Zip: \_\_\_\_\_

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

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

When did the discrimination occur?

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Where did the discrimination occur?

Location: \_\_\_\_\_

Describe the acts of discrimination providing names (where possible) of individuals along with details of the incident including the bus number (if applicable):

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Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?

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

If you, please provide the following information:

Agency or Court: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City, State, and Zip: \_\_\_\_\_