Appeal Procedure

1. If you are dissatisfied with a decision made by ECT and wish to appeal a denial of paratransit certification, you may file an appeal within 15 business days of receiving the initial decision. You will receive notification of the decision within 21 business days of ECT's receipt of your appeal.

2. If you wish to appeal a denial of a request for an accommodation, you may file an appeal within 10 business days of receiving the initial decision. ECT or designee will contact you within 10 business days of final decision.

3. If you wish to appeal a suspension or termination of paratransit or fixed route service, you must file the appeal within 2 business days of receiving the written notification.

Before submitting an appeal, please make sure you have read information about the process for appealing in the ECT Complementary Paratransit Plan or available on the ECT website under the Complementary Paratransit tab. You may also request a copy of this information from the ECT office.

4. If you wish to appeal a decision of a complaint see separate policy and brochure on complaints/appeals.

If you have any questions or need assistance in filling out this appeal form, please contact our office for assistance.

Please mail, email, fax, or deliver this form to:
East Chicago Transit, Attn. Transit Director
5400 Cline Ave.
East Chicago, IL 46312
Phone: 219-391-8465 (voice/relay)
Fax: 219-391-8473
Email: ***frosado@eastchicago.com***

ECT Transit Hours of Operation
Monday – Friday: 5:55AM - 8:11PM
Saturday – 9:05AM - 4:43PM

For additional information:
Website:
http://www.eastchicago.com/161/Bus-Transit
Phone: 219-391-8465 (voice/relay)
Fax: 219-391-8473
Email: *frosado@eastchicago.com*

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East Chicago Transit

# APPEAL FORM

**For denial of paratransit certification, denial of request for accommodation, or for suspension or termination of transportation service, and complaint.**

**Administrative Office Hours**

Monday – Friday:
8:00AM - 4:00PM
Office closed on Saturday, Sunday, and Holidays
(answering machine available)
5400 Cline Ave.
East Chicago, IN 46312

For questions or if you need assistance with filling out this form, call the ECT office.

**ALTERNATE FORMAT AVAILABLE UPON REQUEST.**




***Rev 6/24***
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APPEAL REQUEST FORM

Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone (day): _____

(evening): _____

Email *(if available)*:

_____

Please describe details of your initial complaint, denial of paratransit certification, termination or suspension of service, or original request for reasonable accommodation: *(Use additional paper, if needed.)*

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Describe why you are appealing the decision. *(Use additional paper, if needed.)*

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Signature: _____

Date: _____

The Americans with Disabilities Act (ADA) does not require East Chicago Transit to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.



Below is for ECT office use only

Date received by mail, email, phone, fax, or via website: _____

Investigated by: _____

Findings and resolution *(use additional paper if needed):*

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ADA-related ____ Non-ADA-related _____

ECT Director:
Name: _____

Signature: _____

Date: _____

Date complainant notified of outcome:
_____