

## Reasonable Modification Complaint Process and Form

Schuyler Public Transit is committed to ensuring that the department complies with the Americans with Disabilities Act (ADA), including Section 49 CFR Parts 27 and 37. Transportation entities are required to make reasonable modifications / accommodations to policies, practices, and procedures to avoid discrimination and ensure that programs are accessible to individuals with disabilities.

Any person who wishes to file a complaint regarding a request for Reasonable Modification may file a written complaint.

Reasonable Modification Requests should be mailed or emailed to:

Administrator  
Schuyler Public Transit  
1103 B Street  
Schuyler, NE 68661  
(402) 352-3101  
lljschuyler@gmail.com

1. To file a reasonable modification request, the attached complaint form should be completed and submitted.
2. All reasonable modification request must be submitted in writing. If the complainant is unable to write because of a disability and needs assistance in completing the form Agency staff will assist by taking the reasonable modification request by phone.
3. Schuyler Public Transit will begin an investigation within fifteen (15) working days of receipt of a written reasonable modification request.
4. Schuyler Public Transit will contact the complainant in writing no later than thirty (30) working days after receipt of a reasonable modification request. If the complainant fails to provide the requested information in a timely basis, Schuyler Public Transit shall administratively close the reasonable modification request.
5. Schuyler Public Transit shall complete the investigation within ninety (90) days or receipt of the reasonable modification request. If additional time for investigation is needed, the complainant will be contacted.
6. A written response will be prepared by Schuyler Public Transit, which will include a summary of why the request was denied or grants and recommended action. The complainant will have fifteen (15) working days from receipt of the response to appeal a denial. If no appeal is received, the reasonable modification request will be closed and no further action will be taken.

## **Complaint Appeals Process**

A complainant, who is not satisfied with Schuyler Public Transit response to a complaint regarding a request for reasonable modification, has the right to appeal.

Schuyler Public Transit will review your appeal and respond within twenty-one (21) working days from the date of the appeals request.

The decision to allow or deny a request for reasonable modification will be based on information from the complainant and ADA regulations and exceptions to the rule. These exceptions are:

1. When the modification/accommodation would cause a direct threat to the health or safety of others;
2. Would result in a fundamental alteration of the service;
3. Would not actually be necessary in order for the individual with a disability to access the transportation entity's service; or

## Reasonable Modification/Accommodation Complaint Form

For assistance in completing this form, please contact Lora Johnson.

Please complete this form. Fields marked with an asterisk (\*) are required.

### Person filling out this form:

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

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

\*Telephone: (preferred) \_\_\_\_\_

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

### Person(s) Refused Reasonable Accommodation (if other than the complainant):

\_\_\_\_\_

Are you filling this complaint on your own behalf? <input type="checkbox"/> Yes * <input type="checkbox"/> No
<i>* If you answered "yes" to this question, go to next section.</i>
If not, please supply the name and relationship of the person for whom you are complaining: (Name and Relationship)  _____
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of that party: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Primary type of disability? Please check specific disability:  <input type="checkbox"/> Mobility <input type="checkbox"/> cognitive/intellectual/developmental <input type="checkbox"/> learning <input type="checkbox"/> vision <input type="checkbox"/> Mental/psychiatric <input type="checkbox"/> Hearing <input type="checkbox"/> Seizure <input type="checkbox"/> HIV/Aids <input type="checkbox"/> Diabetes <input type="checkbox"/> Other or not listed
* Describe your request for a reasonable accommodation: _____
Specific location where we may need to take action ( <i>if applicable</i> ): _____
Are you able to use the public transportation system without this modification/accommodation?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Please explain: _____

Signature and date required below:

\_\_\_\_\_      \_\_\_\_\_  
Signature      Date

You may submit at the address below by email, fax or mail this form to:

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_