

# Reasonable Modification Complaint Form

It is the policy of 10-15 Transit to uphold and assure full compliance with the Americans with Disabilities Act (ADA), and all related statutes. ADA and related statutes provide that transportation entities are required to make reasonable modifications/accommodations to policies, practices, and procedures to avoid discrimination and ensure that their programs are accessible to individuals with disabilities under any program or activity receiving Federal assistance.

Any individual that believes they have not been provided with a reasonable modification for disability under DOT 49 CFR Parts 27 & 37 and related statutes in receiving 10-15 Transit services may file a written complaint to the following address:

**10-15 Transit Director  
612 S. Madison Ave  
Ottumwa, IA 52501  
Phone: 641-683-2024**

Or email: [jay@1015transit.com](mailto:jay@1015transit.com)

More information about transit-related ADA requirements may be found on the Federal Register <http://www.gpo.gov/fdsys/pkg/FR-2015-03-13/pdf/2015-05646.pdf>

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I believe that 10-15 Transit has failed to comply with the following program requirements:

- Americans with Disabilities Act (ADA)
- 49 CFR Parts 27 & 37
- Not Applicable
- Other (specify):

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Attach additional details on separate sheet

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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Are you filing this complaint on your own behalf?  Yes  No

If not, please supply the name and relationship of the person for whom you are filing this complaint:

\_\_\_\_\_

Please explain why you have filed for a third party:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:  Yes  No

\*Signature: \_\_\_\_\_

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

**\*We cannot accept a complaint without a signature, so please sign the form after printing it.**