## **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

Attach additional details on separate sheet

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

| Name:   |                          |  |
|---|--------------------------|--|
| Street Address:   |                          |  |
| City:   | State:                   | Zip Code:                                  |
| Telephone Numbers:  |                          |  |
| Home:   |                          |  |
| Cell:   |                          |  |
| E-Mail Address:   |                          |  |
| * * * * * * *   | * * * * * * * * * * * *  | * * * *                                    |
|   |                          |  |
| Are you filing this complaint on your own behalf?                 | Yes No                   |  |
| If not, please supply the name and relationship of                | the person for whom yo   | ou are filing this complaint:              |
| Please explain why you have filed for a third party:              | :                        |  |
|   |                          |  |
|   |                          |  |
|   |                          |  |
| Please confirm that you have obtained the permiss party:  Yes  No | sion of the aggrieved pa | rty if you are filing on behalf of a third |
|   |                          |  |
|   |                          |  |
| *Signature:   |                          |  |
| Date:   |                          |  |

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