



Current Status: Active

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Effective: 11/2015
 Approved: 03/2018
 Last Revised: 11/2015
 Expiration: 03/2019
 Owner: Joyce Deaver: Residential Services
 Policy Area: Public Transportation
 References:

Reasonable Modification Complaint Process and Form

POLICY STATEMENT:

Tri Valley Public Transportation is committed to ensuring that our public transit system complies with the Americans with Disabilities Act (ADA). Tri Valley Public Transportation will make reasonable modifications/ accommodations to avoid discrimination and ensure that our programs are accessible to individuals with disabilities.

PROCEDURE(S) FOR IMPLEMENTATION:

1. To file a reasonable modification request, the attached complaint form should be completed and submitted to Tri Valley Public Transportation Manager.
2. See attached complaint process and appeals process.

REVIEWED/REVISED DATE(S): _____; _____; _____; _____; _____;

Attachments:

[Reasonable Modification Complaint Process and Form.docx](#)

Approval Signatures

Approver	Date
Bill Redinger: Quality and Performance Director	03/2018
Deb Herzberg: CEO	09/2017
Joyce Deaver: Residential Services	09/2017

Applicability

Tri Valley Health System

Tri Valley Public Transportation Reasonable Modification Complaint Process and Form

(Agency Name) is committed to ensuring that the public transit system 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:

Name: Joyce Deaver
Organization: Tri Valley Public Transportation
Address: P.O. Box 488
City: Cambridge State: NE Zip: 69022
Email: jdeaver@trivalleyhealth.com
Phone: 308-697-1164

1. To file a reasonable modification request, the attached complaint form should be completed and submitted.
2. All reasonable modification requests **must** be submitted in writing. **If the complainant is unable to write because of a disability and needs assistance in completing the form, Tri Valley Public Transportation staff will assist by taking the reasonable modification request by phone. Please call Joyce Deaver for assistance.**
3. Tri Valley Public Transportation will begin an investigation within fifteen (15) working days of receipt of a written reasonable modification request.
4. Tri Valley Public Transportation 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, (Tri Valley Public Transportation shall administratively close the reasonable modification request.
5. Tri Valley Public Transportation 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 the Tri Valley Public Transportation 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 Tri Valley Public Transportation's response to a complaint regarding a request for reasonable modification has the right to appeal.

The Tri Valley Public Transportation and governing body of the agency 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
4. Would result in an undue financial and administrative burden.

Tri Valley Public Transportation Reasonable Modification/Accommodation Complaint Form

For assistance in completing this form, please contact Joyce Deaver.

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 filing this complaint on your own behalf? <input type="checkbox"/> Yes * <input type="checkbox"/> No
* If you answered "yes" to this question, go to next section.
If not, please supply the name and relationship of the person for whom you are complaining: (Name and Relationship)
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 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 *(if applicable)*:

Are you able to use the public transportation system without this modification/accommodation?

Yes 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: Joyce Deaver

Organization: Tri Valley Public Transportation

Address: P.O. Box 488

City: Cambridge State: NE Zip: 69022

Email: jdeaver@trivalleyhealth.com

Phone: 308-697-1164