Reasonable Modification/Accommodation Complaint Form

For assistance in completing this form, please contact Rural Transit Manager.

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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes *</th>
<th>No</th>
</tr>
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</table>

*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 confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of that party:

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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*Primary type of disability? Please check specific disability:

- [ ] Mobility
- [ ] cognitive/intellectual/developmental
- [ ] learning
- [ ] vision
- [ ] Mental/psychiatric
- [ ] Hearing
- [ ] Seizure
- [ ] HIV/Aids
- [ ] Diabetes
- [ ] 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?

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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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: ____________________________