## **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?
* 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:
*Primary type of disability? Please check specific disability:
<ul> <li>Mobility cognitive/intellectual/developmental learning vision</li> <li>Mental/psychiatric Hearing Seizure HIV/Aids Diabetes</li> <li>Other or not listed</li> </ul>
* 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?
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: Organization: Address:
City:          Zip:
Email: Phone: