Reasonable Modification Complaint Form

It is the policy of Delaware Dubuque Jackson County Regional Transit Authority (RTA) 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, procedures and practices 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 RTA services may file a written complaint to the following address:

Director

Delaware Dubuque Jackson County RTA

7600 Commerce Park

Dubuque, IA 52002

(563) 588-4592

[cravada@ecia.org](mailto:cravada@ecia.org)

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

How to file a complaint:

* On a separate piece of paper, clearly describe your complaint. Please include specific details such as names, dates, times, witnesses and any other information that would assist us in our investigation of your allegations. Please provide any relevant documentation.
* Complete and sign the form on the back of this page

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

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

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

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you filing this complaint on your own behalf? \_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_\_ no

If not, please supply the name and relationship of the person filing this complaint:

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: \_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: Complaints without signatures will not be accepted.*