

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

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

I believe that RTA has failed to comply with the following program requirements:

- Americans with Disabilities Act (ADA)
- 49 CFR Parts 27 & 37
- Not Applicable
- Other (specify):

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.