

EASTERN NEBRASKA OFFICE ON AGING

Reasonable Modification Complaint Process and Form

ENOA 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: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

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, ENOA staff will assist by taking the reasonable modification request by phone. Please call 1-888-210-1093 for assistance.**
3. ENOA will begin an investigation within fifteen (15) working days of receipt of a written reasonable modification request.
4. ENOA 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, ENOA shall administratively close the reasonable modification request.
5. ENOA shall complete the investigation within ninety (90) days of 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 ENOA 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 ENOA's response to a complaint regarding a request for reasonable modification has the right to appeal.

The ENOA 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.

(Agency Name)
Reasonable Modification/Accommodation Complaint Form

For assistance in completing this form, please contact _____ .

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 (<i>if applicable</i>):
Are you able to use the public transportation system without this modification/accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ State: _____ Zip: _____
Email: _____
Phone: _____