Reasonable Modification Complaint Form

Any person who believes she or he has been discriminated against in obtaining a reasonable modification under the Americans with
Disabilities Act may file a complaint by completing and submitting a Reasonable Modification Complaint Form. The transit system
investigates complaints received no more than 30 days after receipt. The transit system will communicate the results of all complaints
in writing or other accessible formats.

Section I. Identification
Name:
Address:
City: State: Zip Code:
Telephone (H):
Telephone (W):
E-mail:
Address:
Alternative Format Required?
(check most usable format)
Large Font
Braille
Audio Tape
Electronic File (e.g., Word or PDF)
Other (please specify):

Section II. Filer Information
Are you filing this complaint on your own behalf: Yes No
If you answered "yes" to this question, go to Section III.
If not, please supply the name and relationship of the person for whom you are complaining:
Name: Relationship:
Please explain why you have filed on behalf of the complainant:

Have you secured the permission of the aggrieved party if you are filing on behalf of a third party: Yes No

Section III. Complaint Details
What is the basis for this complaint?
I requested, but was not provided, a reasonable accommodation.
I requested and was provided accommodation, but the accommodations was not what I asked for.
I requested an accommodation, but the transit system did not respond in a timely fashion.
I requested an accommodation, but believe my request was unfairly denied.
Other (please explain):

What is the nature of the complainant's disability?

Name of person filing complaint:
Address
City: OR Zip Code:
E-mail address:
Specify another format here:
Name of complainant: Relationship to complainant:
Explain other reason for complaint:

Is your complaint based on an event from a specific date? Yes No
If "Yes" above, what was that date?
Please explain as clearly as possible why you think that transit system did not provide a reasonable modification of services and/or
policies to support your mobility needs.

If the transit system failed to respond to your request in a timely fashion please provide initial date of contact, the original request, and when the transit system responded.

If you believe the transit system has unfairly denied your

request, please state the reasons why. If applicable, list all persons who were involved.

Have you filed this complaint with any other agency? Yes No
If "Yes" above, please list what type of agency where the other complaint was filed:
Federal Agency
State Agency
Civil Court
None

Section IV. Signature
I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.
Signature Date
Submit this form to:
You may attach any written materials or other information that you think is relevant to your complaint to this form.

Please submit this form in person at the address below, or mail this form to:
Harney County Dial-A-Ride
17 S Alder Ave
PO Box 728
Burns OR 97720