

MORRILL COUNTY PUBLIC TRANSIT

Reasonable Modification Complaint Process and Form

Morrill County Public Transit 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: Nancy Eichthaler
Organization: Morrill County Public Transit
Address: 320 West 8th Street, P.O. Box 776
City: Bridgeport State: NE Zip: 69336
Email: neichthaler@morrillcounty.com
Phone: 308-262-1846

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, Morrill County Public Transit staff will assist by taking the reasonable modification request by phone. Please call Nancy Eichthaler-Director for assistance.**
3. Morrill County Public Transit will begin an investigation within fifteen (15) working days of receipt of a written reasonable modification request.
4. Morrill County Public Transit 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, Morrill County Public Transit shall administratively close the reasonable modification request.
5. Morrill County Public Transit shall complete the investigation within ninety (90) days or 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 Morrill County Public Transit 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 Morrill County Public Transit's response to a complaint regarding a request for reasonable modification has the right to appeal.

The Morrill County Public Transit 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.

Morrill County Public Transit Reasonable Modification/Accommodation Complaint Form

For assistance in completing this form, please contact Nancy Eichthaler-Director.
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 (if applicable):

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: Nancy Eichthaler-Director

Organization: Morrill County Public Transit

Address: 320 W 8th Street, P.O. Box 776

City: Bridgeport State: NE Zip: 69336

Email: neichthaler@morrillcountyne.com

Phone: 308-262-1846