

Reasonable Modification Complaint Form

It is the policy of the Heart of Iowa Regional Transit Agency (HIRTA) 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, practices, and procedures 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 HIRTA services may file a written complaint to the following address:

**Executive Director
HIRTA Public Transit
2824 104th Street, Urbandale, IA 50322
Phone: (515) 309-9281
Or email to:
jcastillo@ridehirta.com**

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

Note: Apart from the form, *on separate pages*, please describe your complaint. You should include specific details such as names, dates, times, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

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

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

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers:

Home: _____ Cell: _____

E-Mail Address: _____

Are you filing this complaint on your own behalf? Yes No

If not, please supply the name and relationship of the person for whom you are filing this complaint:

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 a third party: Yes No

Please sign here: _____

Date: _____

Important: We cannot accept your complaint without a signature, so please sign the form after printing out.

Do not forget to attach details about the complaint.