

## REASONABLE MODIFICATION COMPLAINT FORM

It is the policy of the Municipal Transit Administration (MTA) to uphold and assure full compliance with the Americans with Disabilities Act (ADA), and 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 MTA services, may file a written complaint to the following address:

Transportation Director  
Municipal Transit Administration(MTA)  
1320 South Second Street  
Clinton, Iowa 52732  
Phone: 563-242-3721

Or email to:

[dennishart@cityofclintoniowa.us](mailto:dennishart@cityofclintoniowa.us)

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 related 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 the MTA has failed to comply with the following program requirements:

American with Disabilities Act (ADA)

49 CFR Parts 27 & 37

Not Applicable

Other specify): \_\_\_\_\_

Reasonable Modification compliant form

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you filing this compliant on your own behalf?      \_\_\_yes    \_\_\_no

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

\_\_\_\_\_

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 compliant without a signature, so please sign the form after printing it out.

Do not forget to attach the details about the complaint to this form.