



Reasonable Modification Complaint Form

It is the policy of the SEIBUS 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 SEIBUS services may file a written complaint to the following address:

**SEIBUS, Transit Director
211 N. Gear Avenue,
West Burlington, IA, 52655**

Phone: at 319-753-5107 or 866-753-5107 Select Option 1.

Or email to: info@seirpc.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>

I believe that SEIBUS has failed to comply with the following program requirements:
(Place Check Mark beside those that Apply)

_____ Americans with Disabilities Act (ADA)

_____ 49 CFR Parts 27 & 37

_____ Not Applicable

_____ Other (specify):

If Not Enough Room Available Above, Please Attach Additional Details on Separate Sheet)

Note : *We cannot accept a complaint without a signature on page 2 (back) of this form, so please sign the form after completing both pages 1 & 2 and printing the form.



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

*Signature: _____

Date: _____

***We cannot accept a complaint without a signature, so please sign the form after printing it**