



Reasonable Modification for Transportation Complaint Form

It is the policy of Community Action Partnership of Strafford County (CAPSC) 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, group of individuals or entity that believes they have not been provided with a reasonable modification for transportation service for their disability under DOT 49 CFR Parts 27 & 37 and related statutes in receiving CAPSC Transportation services may file a written complaint to the following address:

**Human Resources Department
Community Action Partnership of Strafford County
577 Central Ave., Ste. 10
Dover, NH 03820
Phone: 603-435-2500
Fax: 603-516-8140**

More information about transit-related ADA requirements may be found in 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, route numbers, 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.

Important: We cannot accept your complaint without a signature, so please be sure to sign on the last page of the form before submitting for review.

Section I

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

Americans with Disabilities Act (ADA)

49 CFR Parts 27 & 37

Not Applicable

Other (specify): _____

Section 2

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home: _____

Cell: _____

E-Mail Address _____

Section III

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: _____

Note: We cannot accept your complaint without a signature.
Do not forget to attach details about the complaint.