

## Blue Rivers Area Agency on Aging Reasonable Modification Complaint Process and Form

Blue Rivers Area Agency on Aging 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: Doug Neemann  
Organization: Blue Rivers Area Agency on Aging  
Address: 103 Eastside Blvd  
City: Beatrice State: NE Zip: 68310  
Email: doug.neemann@blueriversaaa.org  
Phone: 402-223-1357 or 888-989-9417  
Fax: 402-223-2143

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, Blue Rivers AAA staff will assist by taking the reasonable modification request by phone. Please call Doug Neemann for assistance.**
3. Blue Rivers AAA will begin an investigation within fifteen (15) working days of receipt of a written reasonable modification request.
4. Blue Rivers AAA 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, Blue Rivers AAA shall administratively close the reasonable modification request.
5. Blue Rivers AAA shall complete the investigation within ninety (90) days of 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 Blue Rivers AAA 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 Blue Rivers AAA's response to a complaint regarding a request for reasonable modification has the right to appeal.

The Blue Rivers AAA 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.

## Blue Rivers Area Agency on Aging Reasonable Modification/Accommodation Complaint Form

For assistance in completing this form, please contact Doug Neemann.

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: <div style="display: flex; flex-wrap: wrap; padding: 5px;"><div style="width: 25%;"><input type="checkbox"/> mobility</div><div style="width: 25%;"><input type="checkbox"/> cognitive/intellectual/developmental</div><div style="width: 25%;"><input type="checkbox"/> learning</div><div style="width: 25%;"><input type="checkbox"/> vision</div><div style="width: 25%;"><input type="checkbox"/> mental/psychiatric</div><div style="width: 25%;"><input type="checkbox"/> hearing</div><div style="width: 25%;"><input type="checkbox"/> seizure</div><div style="width: 25%;"><input type="checkbox"/> HIV/Aids</div><div style="width: 25%;"><input type="checkbox"/> diabetes</div><div style="width: 25%;"><input type="checkbox"/> Other or not listed</div></div>
* 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:

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Organization: Blue Rivers Area Agency on Aging

Address: 103 Eastside Blvd

City: Beatrice State: NE Zip: 68310

Email: doug.neemann@blueriversaaa.org

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