

## Reasonable Modification Complaint Process and Form

Callaway Hospital Public Transit Service (CHPTS) is committed to ensuring that the department 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:

Michael A. Wendorff, Transit Coordinator/Manager  
Callaway Hospital Public Transit Service  
211 E. Kimball Street or P.O. Box 100  
Callaway, NE 68825  
308-212-0464  
[mwendorff@callawayhospital.org](mailto:mwendorff@callawayhospital.org)

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 CHPTS staff will assist by taking the reasonable modification request by phone. Please contact Michael A. Wendorff for assistance.
3. CHPTS will begin an investigation within fifteen (15) working days of receipt of a written reasonable modification request.
4. CHPTS 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, NDOT shall administratively close the reasonable modification request.
5. CHPTS 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 CHPTS, 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 CHPTS' response to a complaint regarding a request for reasonable modification, has the right to appeal.

CHPTS 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 for the individual with a disability to access the transportation entity's service; or
4. would result in an undue financial and administrative burden.

## Reasonable Modification/Accommodation Complaint Form

For assistance in completing this form, please contact 308-212-0464

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):

\_\_\_\_\_

