

Northeast Iowa Community Action Corp. Region 1 Transit (NEICAC)  
Reasonable Modification Complaint Form

It is the policy of NEICAC Public Transit 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 NEICAC Public Transit services may file a written complaint to the following address:

Chief Financial Officer,  
Northeast Iowa Community Action Corporation  
P.O. Box 487 Decorah IA 52101  
Complaints may also be sent via email to: [cStravers@neicac.org](mailto:cStravers@neicac.org)

More information about transit-related ADA requirements may be found on the Federal Register:  
<https://www.govinfo.gov/content/pkg/FR-2015-03-13/pdf/2015-05646.pdf>

Note: Please use a separate page(s) to describe your complaint. Please include specific details such as names, dates, times, witnesses, and any other information that would assist us in our investigation of your claims.

I believe that NEICAC Public Transit has failed to comply with the following program requirements:

- Americans with Disabilities Act (ADA)
- 49 CFR Parts 27 & 37
- Not Applicable
- Other (specify): \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number(s):

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 filling this complaint:

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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 filling on behalf of the third party: \_\_\_\_\_ Yes \_\_\_\_\_ No

Please Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_

**Important:** We cannot accept your complaint without a signature.

Please attach details about the complaint.