

## APPENDIX C

### TWIN CITIES AREA TRANSPORTATION AUTHORITY

#### Procedure to File a Complaint or Request Reasonable Modification Under the Americans with Disabilities Act (ADA)

If you or someone you know needs a copy of this document in an alternative accessible format, please call (269) 927-2268.

If you believe you or another person has been discriminated against under Title II and III of the American Disability Act of 1990 by Twin Cities Area Transportation Authority (TCATA) or one of our employees, you can file a complaint, or alternatively, request reasonable modification, by mail, fax, or email at:

TCATA ADA coordinator

Twin Cities Area Transportation Authority  
Attn: ADA Coordinator  
275 East Wall Street  
Benton Harbor, Michigan 49022

**Fax:** 269-927-2310

**Email:** office@tcatabus.org (Attn: ADA Coordinator)

**Take the first step:** Before filing your complaint or request, contact the TCATA ADA Coordinator to discuss your concerns. They can look into the issue and try to come up with an acceptable resolution to the situation.

You may file a complaint or request a reasonable modification in writing with TCATA using the following procedures:

1. File a written complaint with TCATA as soon as possible, but no later than 180 calendar days after the alleged violation. Requests for reasonable modification may be filed at any time.
2. The written complaint or modification request should be submitted by the grievant and/or their designee.
3. Alternative means of filing complaints and requesting modifications, such as a personal interview or a tape recording, will be made available upon request.
4. The written complaint or modification request should contain the information required by the TCATA's Ada and Paratransit Rider Guide, Policies and Procedures that is available at [www.mywaythere.org/ada.asp](http://www.mywaythere.org/ada.asp). Alternative formats and language translations for this document are available on request.
5. Explanation of approval or denial of reasonable modification requests will be made and sent to the requestor within seven calendar days of receipt.
6. If necessary, TCATA will meet with the complainant to discuss the complaint and possible resolutions within 15 calendar days of receiving a complaint.
7. Within 30 days of the complaint and/or 15 calendar days of the meeting, TCATA will respond in writing or another accessible format. The response will explain the position of TCATA and offer options for substantive resolution of the complaint.
8. If the complaint does not have enough information to permit TCATA to make a decision, or if an extended factual inquiry is necessary to determine the facts of the matter, TCATA may provide

an interim response to the complainant, within 30 days of receiving the complaint. The interim response will state the reasons for needing additional time and inform the complainant of when TCATA expects to issue a determination.

9. If the response by TCATA does not resolve the issue, the complainant and/or designee may appeal the decision within 15 calendar days to the Federal Transit Administration Office for Civil Rights.
10. All written documents in the Reasonable Modification process will be retained by TCATA for at least one year. All complaints and related documents will be held for a minimum of five (5) years.

**APPENDIX D**

**TWIN CITIES AREA TRANSPORTATION AUTHORITY**

**ADA Reasonable Modification Request Form**

Instructions: Please fill out this form completely, sign and mail, fax, or email to:

TCATA ADA coordinator

Twin Cities Area Transportation Authority  
Attn: ADA Coordinator  
275 East Wall Street  
Benton Harbor, Michigan 49022

**Fax:** 269-927-2310

**Email:** office@tcatabus.org (Attn: ADA Coordinator)

Rider: \_\_\_\_\_

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

City, State, and Zip Code:  
\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Person requesting modification (if other than the rider): \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe the rider's disability or disabilities. \_\_\_\_\_  
\_\_\_\_\_

Describe the service policy or program that may need to be modified to allow the rider full access to the transit services provided. \_\_\_\_\_  
\_\_\_\_\_

How does the current service policy or program prevent the rider from using the transit service or program? \_\_\_\_\_  
\_\_\_\_\_

Please describe the specific modification to the current policy/procedure that you are requesting. \_\_\_\_\_

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How would you like (transit agency) to respond to your request?

- In writing to the address listed above
- By email to the address listed above

If future communications regarding this request are needed in an alternate format, please indicate the appropriate format below:

- large print (font size needed: \_\_\_\_\_)
- Spanish
- Audio
- Other \_\_\_\_\_

This form can be requested in large print by calling 269-927-2268; or emailing [office@tcatabus.org](mailto:office@tcatabus.org) (Attn: ADA Coordinator).

Please send the completed form **and any required documentation of disability** to:

TCATA ADA coordinator

Twin Cities Area Transportation Authority  
Attn: ADA Coordinator  
275 East Wall Street  
Benton Harbor, Michigan 49022

**Fax:** 269-927-2310

**Email:** [office@tcatabus.org](mailto:office@tcatabus.org) (Attn: ADA Coordinator)

Electronic versions of the completed form and scans of required documentation of disability should be sent to [office@tcatabus.org](mailto:office@tcatabus.org). Please write "Attn: ADA Coordinator" in the subject line.

Twin Cities Area Transportation Authority (TCATA) will provide a written response to your request within seven days of its receipt. To check on the status of the request, call TCATA at 269-927-2268; or email [office@tcatabus.org](mailto:office@tcatabus.org) (Attn: ADA Coordinator).

**APPENDIX E**

**TWIN CITIES AREA TRANSPORTATION AUTHORITY**

**ADA Discrimination Complaint Form**

Instructions: Please fill out this form completely, sign and mail, fax, or email to:

TCATA ADA coordinator

Twin Cities Area Transportation Authority

Attn: ADA Coordinator

275 East Wall Street

Benton Harbor, Michigan 49022

**Fax:** 269-927-2310

**Phone:** 269-927-2268

**Email:** office@tcatabus.org (Attn: ADA Coordinator)

Complainant (Name): \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Person Discriminated Against (if other than the complainant):

\_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

When did the discrimination occur? Date: \_\_\_\_\_

Describe the acts of discrimination, providing the name(s) where possible of the individuals who discriminated:

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Please include any other information you feel is necessary to support your complaint, including copies (not originals) of relevant documents.

Do you or the person discriminated against need the response to this document in a different format?

Yes No

If yes, what Format do you need?

- large print (font size needed: \_\_\_\_\_)
- Spanish
- Audio
- Other \_\_\_\_\_

Signature: \_\_\_\_\_

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