

# TRI-CITY ROADRUNNER

## ADA Compliance

### Federal Transit Administration Section 5311 Subrecipients

NEBRASKA

Good Life. Great Journey.

DEPARTMENT OF TRANSPORTATION



May 2022

## FTA's Reasonable Modification Rule

In March 2015, the Federal Transit Administration issued a final rule concerning reasonable modification of transportation policies and practices. The ruling mandates that all public transit providers must make reasonable modifications/accommodations by making changes to policies, practices and procedures if needed by an individual to participate in the recipient's program or activity. Modifications will be made to avoid discrimination on the basis of disability.

The following exceptions apply:

1. When the modification/accommodations would cause a direct threat to the health or safety of others;
2. Would result in a fundamental alteration of service;
3. Without the requested modification, the individual with a disability is able to fully use the entity's services, programs, or activities for their intended purpose.

The reasonable modification rule has implications for every rural public transportation system. Disabled and elderly passengers can now request that you alter your standard operating procedures to ensure they have access to your services. For example, if your policy states that you provide curb to curb service a wheelchair bound person could request door to door service. If that request does not meet the exceptions as noted above, the accommodation should be approved.

To comply with the reasonable modification/accommodation rule, rural public transit systems receiving Section 5311 funds will have to implement the following procedures:

1. Make information about how to contact the transit system to make requests for reasonable modifications readily available to the public through the same means it uses to inform the public about its policies and practices.
2. The information shall be accessible to and usable by individuals with disabilities.
3. Designate a responsible employee to coordinate compliance.
4. Adopt procedures that incorporate due process standards and provide for the prompt and equitable resolution of requests for reasonable accommodation.
5. Individuals requesting modifications shall describe what they need in order to use the service. The request does not need to include the term "reasonable modification."

6. When possible, the request and resulting modification shall be determined prior to providing transportation service. In some circumstances, transit drivers shall make the determination to provide or deny a service modification in the field. The driver may contact transit system management before making the determination.

Rider handbooks and policy/procedural manuals must be updated to indicate the transit system is in compliance with the requirements listed above. Template complaint and complaint appeal forms will be provided by NDOT.

Please note, in 49 CFR Part 37 Subsection 37.S(h) the regulation states the following:

*It is not discrimination under this part for an entity to refuse to provide service to an individual with disabilities because that individual engages in violent, seriously disruptive, or illegal conduct or represents a direct threat to the health or safety of others. However, an entity shall not refuse to provide service to an individual with disabilities solely because the individual's disability results in appearance or involuntary behavior that may offend, annoy, or inconvenience employees of the entity or other persons.*

If you have any questions, please contact Tri-City Roadrunner.

**ADA DISCRIMINATION COMPLAINT FORM**  
Tri-City Roadrunner

Complainant:	Phone:
Address: (City, State, Zip):	Email:
Person Discriminated Against if Different from Above:	Phone:
	Email:
Date of Incident:	
Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination.	
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your complaint ( <i>attach additional pages, if necessary</i> ).	
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your complaint ( <i>attach additional pages, if necessary</i> ).	

The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that you believe is relevant to the complaint.

\_\_\_\_\_

Signature Date

Attachments:  Yes  No

Submit completed form to: **Tri-City Roadrunner**  
 Training, Safety & Compliance Coordinator  
 1825 10<sup>th</sup> St  
 Gering, NE 69341  
 308-436-6687  
 tricityroadrunner@scottsbluffcounty.org

<b>- AGENCY USE ONLY -</b>	
Received By:	Date:

## Reasonable Modification Complaint Process and Form

Tri-City Roadrunner 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:

Training, Safety & Compliance Coordinator  
Tri-City Roadrunner  
1825 10<sup>th</sup> St  
Gering, NE 69341  
308-436-6687  
tricityroadrunner@scottsbuffcountyne.gov

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 Agency staff will assist by taking the reasonable modification request by phone.
3. Tri-City Roadrunner will begin an investigation within fifteen (15) working days of receipt of a written reasonable modification request.
4. Tri-City Roadrunner 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, Tri-City Roadrunner shall administratively close the reasonable modification request.
5. Tri-City Roadrunner shall complete the investigation within ninety (90) days or 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 Tri-City Roadrunner, 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 Tri-City Roadrunner response to a complaint regarding a request for reasonable modification, has the right to appeal.

Tri-City Roadrunner 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

## Reasonable Modification/Accommodation Complaint Form

For assistance in completing this form, please contact \_\_\_\_\_

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 filling this complaint on your own behalf? <input type="checkbox"/> Yes * <input type="checkbox"/> No
<i>* If you answered "yes" to this question, go to next section.</i>
If not, please supply the name and relationship of the person for whom you are complaining: (Name and Relationship)  _____
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:  <input type="checkbox"/> Mobility <input type="checkbox"/> cognitive/intellectual/developmental <input type="checkbox"/> learning <input type="checkbox"/> vision <input type="checkbox"/> Mental/psychiatric <input type="checkbox"/> Hearing <input type="checkbox"/> Seizure <input type="checkbox"/> HIV/Aids <input type="checkbox"/> Diabetes <input type="checkbox"/> Other or not listed
* 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?  <input type="checkbox"/> Yes <input type="checkbox"/> 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:

Name:      Training, Safety & Compliance Coordinator

Organization: Tri-City Roadrunner

Address:      1825 10<sup>th</sup> Street

City:      Gering      State: NE      Zip: 69341

Email:      tricityroadrunner@scottsbuffcountyne.gov

Phone:      308-436-6687