Paratransit Plan Exhibit 6 of 14

EXHIBIT 6: COMPLAINTS

The exhibit contains the content of the Reasonable Modification Complaint form and the ADA Complaint form.

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# Content of the Reasonable Modification Complaint Form

If assistance is needed in another language, please call 585.288.1700

Si necesita información en otro idioma, por favor llame al 585-288-1700.

## Section 1

Name:

Address:

Telephone (Home):

Telephone (Work):

Electronic Mail Address:

RTS Service Provider: [checkboxes] RTS Monroe, RTS Access, RTS Genesee, RTS Livingston, RTS Ontario, RTS Orleans, RTS Seneca, RTS Wayne, RTS Wyoming

Accessible Format Requirements? [checkboxes] Large Print, TDD, Audio Tape, Other

## Section 2

Are you filing this complaint on your own behalf? Yes or No

If you answer Yes, go to Section 3.

If you answer No, complete Section 2.

Supply the name of the third party and your relationship to the party.

Name:

Relationship:

Why are you filing a complaint for a third party?

Did you obtain the permission of the aggrieved party to file on his or her behalf? Yes or No

## Section 3

Date you requested the modification (Month, Day, Year):

How did you make the request?

Explain why the modification is necessary for you to use the RTS service. If you need more space, please attach a separate sheet.

Identify the period of time for which you need the modification.

Signature:

Date:

Please submit this form in person at the address below or mail this form to:

RGRTA Legal Affairs Department

1372 East Main Street

Rochester NY 14609

End of Reasonable Modification Complaint Form

# Content of ADA Complaint Form

If assistance is needed in another language, please call 585.288.1700

Si necesita información en otro idioma, por favor llame al 585-288-1700.

## Section 1

Name:

Address:

Telephone (Home):

Telephone (Work):

Electronic Mail Address:

Accessible Format Requirements? [checkboxes] Large Print, TDD, Audio Tape, Other

## Section 2

Are you filing this complaint on your own behalf? Yes or No

If you answer Yes, go to Section 3.

If you answer No, complete Section 2.

Supply the name of the third party and your relationship to the party.

Name:

Relationship:

Why are you filing a complaint for a third party?

Did you obtain the permission of the aggrieved party to file on his or her behalf? Yes or No

## Section 3

Date of alleged discrimination based on disability (Month, Day, Year):

Time of alleged discrimination based on disability:

Transit Service (choose one): [checkboxes] RTS, RTS Access, RTS Geneseo, RTS Livingston, RTS Ontario, RTS Orleans, RTS Wayne, RTS Wyoming

Bus #:

Route Name/Number:

Direction of Travel:

Location of Incident:

Mobility Aid Used (if any):

Explain what happened; why you believe you were discriminated against; and describe all persons who were involved. If you need more space, please attach a separate sheet.

Provide the name and contact information of the person(s) who discriminated against you (if known); and the names and contact information of any witnesses. If you need more space, please attach a separate sheet.

## Section 4

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal agency or State Court? Yes or No.

If you answer Yes, check all that apply: [checkboxes] Federal Court, State Agency, State Court, Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Signature:

Date:

Please submit this form in person at the address below or mail this form to:

RGRTA Legal Affairs Department

1372 East Main Street

Rochester NY 14609

End of ADA Complaint Form

End of Exhibit 6

There are 14 total Exhibits available for public comment.