

Reasonable Modification/Accommodation Complaint Form

For assistance in completing this form, please contact the Chadron City Transit Office at 308-432-0500.

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? ___ Yes * ___ 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: ___ Yes ___ 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 (<i>if applicable</i>):
Are you able to use the public transportation system without this modification/accommodation? ___ Yes ___ No Please explain:

Signature and date required below:

Signature
Date

You may submit this form to the address below by email, fax or mail to:

Julie A. Lawrence
 City of Chadron Transportation
 234 Main Street * P.O. Box 390
 Chadron, NE 69337
 Fax: 308-432-0503 transportation@chadron-nebraska.com