



Reasonable Modification Complaint Form

It is the policy of the Greater Derry Salem Cooperative Alliance for Regional Transportation (CARTA) 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, group of individuals or entity 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 CARTA services may file a written complaint to the following address:

Executive Director
Cooperative Alliance for Regional Transportation
33 Geremonty Drive
Salem, NH 03079
Phone: (603) 458-6087
Or email to:
director@cart-rides.org

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

Note: Apart from the form, *on separate pages*, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing out.

Section I

I believe that CART has failed to comply with the following program requirements:

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

Section II

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home: _____

Cell: _____

E-Mail Address: _____

Section III

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 filing this complaint:

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 filing on behalf of a third party: Yes No

Please sign here: _____ Date: _____

Note: We cannot accept your complaint without a signature.

Do not forget to attach details about the complaint.