

Reasonable Modification Complaint Process

Hiawathaland Transit investigates complaints received no more than 30 days after receipt. Hiawathaland Transit will process complaints that are complete. Once the complaint is received, the complainant will receive an acknowledgement of receipt. If more information is needed to resolve the complaint, Hiawathaland Transit may contact the complainant. The complainant has 30 business days from the date of the letter to send requested information to Hiawathaland Transit.

If Hiawathaland Transit is not contacted by the complainant or does not receive the additional information within 30 business days, the Hiawathaland Transit may administratively close the complaint. In addition, a complaint may be administratively closed if the complainant no longer wishes to pursue their case.

After Hiawathaland Transit investigates the complaint and has consulted and received directive from MnDOT OTAT, a decision will be rendered in writing to the complainant. Hiawathaland Transit will issue either a Letter of Closure or Letter of Finding.

- ♦ **Letter of Finding** – This letter will summarize the complaint, any interviews conducted regarding the complaint, and explains what actions will be taken by Hiawathaland Transit to address the complaint.
- ♦ **Letter of Closure** – This letter will explain why Hiawathaland Transit has determined that the complaint does not merit accommodation under the Americans with Disabilities Act and that the complaint will be closed.

If the complainant disagrees with the decision of Hiawathaland Transit, an opportunity to appeal the decision may be pursued provided the complaint files notice of appeal within 21 days of the initial decision of Hiawathaland Transit.

In the event of appeal, the complainant will be granted all due process, including the ability to be present additional evidence, present the case in person during an appeal hearing, and to be represented by counsel.



Reasonable Modification Complaint Form

Part I

Date: _____
Name: _____
Address: _____
Telephone: _____
Email Address: _____

Preferred contact method: ☐ Phone ☐ Email

Best time to contact you: _____

Additional Formats Needed:

☐ None ☐ TDD ☐ Other
☐ Large Print ☐ Audio Tape

Part II

Are you filing this complaint on your own behalf?

☐ Yes – Proceed to Part III

☐ No – Please provide the name of and your relationship with this person:

Name of Individual: _____

Your Relationship: _____

Please explain why you have filed for a third party:

Confirm:

☐ I have obtained permission of the aggrieved party to file this form on his or her behalf.

☐ I have not confirmed permission to file this form on behalf of the aggrieved party.

Part III.

If you believe you were not heard in your reasonable modification request or did not receive

the services you requested, please provide as much detail concerning the incident.
Hiawathaland Transit investigates complaints received no more than 30 days after receipt.
Date of incident (Month, Day, Year): _____ Time: _____

Name(s) of Employee(s) involved: _____

- ☐ Through dispatching services
- ☐ Through operator request

Explain as clearly as possible what happened and why your reasonable modification request was not granted or did not receive the services you requested. If more space is needed, please use the back of this form.

Signature and date required below.

| | |
|---|---------------|
| _____ Signature of Person Filing Complaint | _____ Date |
|---|---------------|

If you need assistance completing this form, contact Hiawathaland Transit at 866-623-7505.

Once completed, return a signed and dated copy to:

**Transportation Co-Directors
Hiawathaland Transit
55049 241st Ave, Plainview, MN 55964**