



## Appendix B

### **Reasonable Modification for Transportation Complaint Form**

It is the policy of Easter Seals NH, Inc. (ESNH) 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 transportation service for their disability under DOT 49 CFR Parts 27 & 37 and related statutes in receiving ESNH Transportation services may file a written complaint to the following address:

**Vice President of Transportation**

**ESNH**

**180 Zachary Rd**

**Manchester NH 03109**

**Phone: (603) 263-2054 or email to:**

**Froberge@eastersealsnh.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 1**

**I believe that Easterseals 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.**