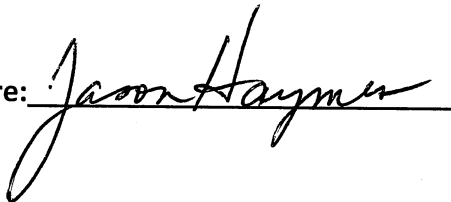


**City of Mount Vernon Transportation Department
ADA Procedures and Complaint Form
2021**

**Adopted by City of Mount Vernon
Board of Alderman:
April 26, 2016
Revised May 25, 2021
DATE**

Authorized Official (Printed Name): Jason Haymes, Mayor

Signature:



Date filed with MoDOT Transit Section:

May 25, 2021

Date Approved by MoDot Transit Section

DATE

REASONABLE MODIFICATION POLICY

Background

Effective July 13, 2015, transit providers are required under 49 CFR 37.5(i)(3) to make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability or to provide program accessibility to their services. The process to be used in considering requests for reasonable modifications is described in 49 CFR 37.169.

Basic process requirements that must be met are:

- Information on the reasonable modification process must be readily available to the public, and must be accessible
- Advance notice can be required, but flexibility is also needed to handle requests that are only practicable on the spot
- Individuals requesting modifications are not required to use the term “reasonable modification”

Procedure

Passengers can request reasonable modifications for all modes (fixed route, general public demand response, and ADA paratransit). Passengers making requests are not required to use the term “reasonable modification.”

Requests should be made at least the day before but flexibility is required for on the spot requests. The transit manager will review all requests and provide the determination. For on-the-spot requests, the driver should contact dispatch. Dispatch will contact the transit manager.

Documentation will be maintained regarding the request and the resulting action taken.

Public Information

The following statement will be posted on the website and the rider guide.

Passengers with disabilities may request modifications to current service procedures to access the service. To make a request, please call us at 417-466-2122 or email us at sweldy@mtvernon-cityhall.org or mspringer@mtvernon-cityhall.org . Please submit requests at least the day before the trip.

City of Mount Vernon Transportation ADA Complaint Procedures

If you have a complaint about the accessibility of our transit system or service, or believe you have been discriminated against because of your disability, you can file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

How do you file a complaint?

You can call us, download and use our ADA complaint form at www.mtvernon-cityhall.org , or request a copy of the form by writing or phoning

City of Mount Vernon Transportation
PO Box 70
Mount Vernon, MO 65712
417-466-2122

You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number. (See Question 1 of the complaint form.)
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information. (See Questions 6, 7, 8, 9, 10, and 11 of the complaint form.)
- The names of any persons, if known, whom the director could contact for clarity of your allegations. (See Question 11 of the complaint form.)

Please submit your complaint form to address listed below:

City of Mount Vernon Transportation
%City Administrator
PO Box 70
Mount Vernon, MO 65712

Do you need complaint assistance?

If you are unable to complete a written complaint due to a disability or if information is needed in another language we can assist you. Please contact us at 417-466-2122 or sweldy@mtvernon-cityhall.org or mspringer@mtvernon-cityhall.org .

How will your complaint be handled?

City of Mount Vernon Transportation investigates complaints received no more than 180 days after the alleged incident. City of Mount Vernon Transportation will process complaints that are

complete. Once a completed complaint is received, City of Mount Vernon Transportation will review it to determine if City of Mount Vernon Transportation has jurisdiction.

City of Mount Vernon Transportation will generally complete an investigation within 90 days from receipt of a complaint. If more information is needed to resolve the case, City of Mount Vernon Transportation may contact you. Unless a longer period is specified by City of Mount Vernon Transportation, you will have ten (10) days from the date of the request to send the requested information. If the requested information is not received, City of Mount Vernon Transportation may administratively close the case. A case may also be administratively closed if you no longer wish to pursue it.

After an investigation is complete, City of Mount Vernon Transportation will send you a letter summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation. If you disagree with City of Mount Vernon Transportation determination, you may request reconsideration by submitting a request in writing to City of Mount Vernon City Administrator within seven (7) days after the date of City of Mount Vernon Transportation letter, stating with specificity the basis for the reconsideration. The City Administrator will notify you of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, City Administrator will issue a determination letter to the complainant upon completion of the reconsideration review.

Do I have other options for filing a complaint?

We encourage that you file the complaint with us. However, you may file a complaint with the Missouri Department of Transportation or the Federal Transit Administration.

Missouri Department of Transportation
External Civil Rights Division
Title VI Coordinator
1617 Missouri Blvd P.O. Box 270
Jefferson City, Mo 65102-0270

Federal Transit Administration
Office of Civil Rights
1200 New Jersey Avenue SE
Washington, DC 20590

**City of Mount Vernon Transportation
ADA COMPLAINT FORM**

If you have a complaint about the accessibility of our transit system or believe you have been discriminated against because of your disability, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

City Administrator
City of Mount Vernon Transportation
PO Box 70
Phone 417-466-2122 Fax 417-466-2513
mspringer@mtvernon-cityhall.org

1. Complainant's name:
Address:
City: State: Zip Code:
Daytime telephone: ()
E-mail address:
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes If YES, please go to question 6. <input type="checkbox"/> No If NO, please go to question 3.
3. Please provide your name and address.
Name of person filing complaint:
Address:
City: State: Zip Code:
Daytime telephone: ()
E-mail address:
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. What is your relationship to the person for whom you are filing the complaint?
5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf.
<input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission

6. I believe that the discrimination I experienced was based on (check all that apply)

- Accessibility issue Discrimination based on disability Other

7. Date of alleged discrimination (Month, Day, Year):

8. Where did the alleged discrimination take place?

9. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

10. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.*

11. What type of corrective action would you like to see taken?

12. Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court? Yes If yes, check all that apply. No

- Federal Agency (List agency's name)
 Federal Court (Please provide location)
 State Court
 State Agency (Specify agency)
 County Court (Specify court and county)
 Local Agency (Specify agency)

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

Name:

Title:

Agency:

Telephone: ()

Address

City:

State:

Zip Code:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required:

Signature

Date

If you completed Questions 3, 4 and 5, your signature and date is required

Signature

Date

