REQUEST FOR REASONABLE MODIFICATION
Updated 6.1.2026

In determining whether to grant a requested modification, the Trumbull County Transit will be guided by the provisions of the United States Department of Transportation regulations and guidance provided in Appendix E of Title 49 CFR Part 37 and specifically to the provisions of Section 37.169.

Name: .....

Address: .....

City: _____ State: _____ Zip Code: _____

Telephone Number (Home): _____ (Business): _____

Describe any modifications to Trumbull County Transit polices, practices or procedures in order for you (an individual with disabilities) to access the services (attach additional sheets as necessary):

_____

_____

_____

_____

_____

_____

_____

Complete this form and mail, fax e-mail or deliver to:

Trumbull County Senior Levy/Transportation Office, 2959 Youngstown Road,
Warren, Ohio 44484
Interim Transit Administrator, sljurkov@co.trumbull.oh.us
Fax number 330-675-7865

_____ _____

Signature Date

GRIEVANCE PROCEDURE AND APPEAL FORM

This grievance procedure is adopted pursuant to 28 CFR 35.107 and 49 CFR 27.13 both entitled, designation of responsible employee and adoption of grievance procedures. The Trumbull County Transit 's Transit Administrator or his designee shall be responsible for overseeing investigations and responses to appeals. Questions regarding the grievance procedure, the appeal process or requests for assistance in filing an appeal due to a disability should be directed to:

Diane Jurkovic
Interim Transit Administrator
2959 Youngstown Road
Warren, Ohio 44484
330-675-7846
sljurkov@co.trumbull.oh.us

Acknowledgement of Appeal

Within ten days after receipt of the appeal, a letter will be sent to the appellant that includes the following:

1. Acknowledgement that the appeal has been received;
2. The date by which a response will be sent to the passenger;
3. Whom to contact if the passenger does not receive a response by that date; and
4. If a hearing is requested by the passenger, the date, time and location of the hearing.

Investigation of an Appeal

The designated staff member will investigate the appeal and respond in writing within a reasonable time, not to exceed 30 days from receipt of the appeal (or 30 days from the date of the hearing). The response will set out a process for resolution of the appeal. If no action is taken, the response will state the reasons for the decision.

Appeal (Updated 6.1.2026)

Please provide the following information necessary in order to process your appeal. Assistance is available upon request. Complete this form and mail, fax, e-mail or deliver to:

Trumbull County Transit, Attention: Diane Jurkovic, Interim Transit Administrator
2959 Youngstown Road, Warren, Ohio 44484, sljurkov@co.trumbull.oh.us
fax number 330-675-7865

Passenger's Name:_____ __

Address:.....

City:_____ State: _____ Zip Code: _____

Telephone Number (Home): _____(Business):
_____

E-mail Address: .....

Person whose request for modification was denied (if other than person making appeal):.....

Address: .....

City: _____ __ State: _____Zip Code: _____

Date of denial of request for modification: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Name of employee who denied the request (if known):.....

Describe the reasonable modification requested (attach additional sheets as necessary):

_____

_____

Describe why you need the reasonable modification in order to use the services and why any accommodation offered was not sufficient (attach additional sheets as necessary):

Would you like a hearing on your appeal (YES / NO) (circle one).

Sign the appeal in the space below. Attach any documents you believe supports your appeal.

Appellant's Signature: _____

Date: .....