

REQUEST FOR REASONABLE MODIFICATION

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 policies, 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 Transit, 106 High Street NW. Warren, Ohio 44481
Transit Administrator, cesalamo@co.trumbull.oh.us
Fax number 330-675-7941

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:

Michael Salamone
Transit Administrator
106 High Street NW
Warren, Ohio 44481
330-675-2873
cesalamo@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

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: Michael Salamone Transit Administrator
106 High Street Warren Ohio 44481, cesalamo@co.trumbull.oh.us
fax number 330-675-7941

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: