

**Northeast Iowa Community Action Corporation (NEICAC) - EARL Public Transit
Title VI Discrimination, ADA, and Reasonable Modification Complaint Form**

NEICAC EARL Public Transit is committed to a policy of non-discrimination in the conduct of its business, including compliance with Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), Reasonable Modifications under 49 CFR Parts 27 & 37, and related statutes. NEICAC ensures that its programs and services are accessible to all, including individuals with disabilities, and that no person shall be excluded or discriminated against on the basis of race, color, national origin, or disability.

If you believe you have been discriminated against or denied reasonable modifications for disability-related needs, you may file a complaint with NEICAC. Complaints can be submitted regarding Title VI discrimination, ADA violations, or Reasonable Modification requests.

For individuals with Limited English Proficiency, translation or interpretation services are available by contacting 563-382-8436.

Please submit this completed form to:

NEICAC, CFO
P.O. Box 487
Decorah, IA 52101
Or email: cStravers@neicac.org

SECTION 1 - CONTACT INFORMATION

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: () _____ (*Home*) / () _____ (Cell)
[Please note if any of the phone numbers are for a TDD or TTY.] _____
E-mail: @_ _____

SECTION 2 - FILING FOR ANOTHER PERSON

Are you filing this complaint on your own behalf?
 Yes No
[If you answered "Yes," proceed to Section 3.]
If "No," please provide the name and relationship of the person for whom you are filing this complaint:
Name: _____
Relationship: _____

Please explain why you are filing on behalf of another person:

Please confirm that you have obtained permission from the person on whose behalf you are filing:
 Yes No

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SECTION 3 - DISCRIMINATION AND/OR REASONABLE MODIFICATION COMPLAINT

Please indicate the area(s) of discrimination or concern you are reporting by checking the relevant box:

- Title VI Discrimination** (Race, Color, National Origin)
- ADA Complaint** (Americans with Disabilities Act violations)
- Reasonable Modification Request** (Denial of reasonable modifications to services)
- Other** (please specify): _____

I believe I have been discriminated against or denied reasonable modification on the basis of (Check all that apply):

- Race
- Color
- National Origin
- Disability
- Other: _____

Describe the events that led to your complaint and why you believe you were subjected to discrimination, denied services, or denied reasonable modification.

(Please provide as much detail as possible. Use additional sheets if necessary.)

When did the alleged discrimination or denial of reasonable modification occur?

Date: //___ Time: _____ a.m./p.m.

Where did the alleged discrimination or denial take place?

Please provide details such as vehicle number or location.

Is there a person you can identify who discriminated against you or denied your reasonable modification request?

Name and/or Description: _____

SECTION 4 - SUPPORTING WITNESSES AND CONTACTS

Please list anyone who may be able to support your complaint:

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- **Name:** _____
Contact Information: _____
- **Name:** _____
Contact Information: _____

Do you have any additional information or documentation that may assist in investigating your complaint?
(Please attach any relevant written materials, videos, or photos, if available.)

SECTION 5 - COMPLAINT TYPE (Check all that apply)

Title VI Discrimination Complaint

- I believe I have been discriminated against on the basis of race, color, or national origin, as prohibited by Title VI.
 ADA Complaint
- I believe my rights under the Americans with Disabilities Act have been violated.
 Reasonable Modification Denial
- I requested a reasonable modification to public transit services under 49 CFR Parts 27 & 37, and it was denied or inadequately provided.
 Other (please specify): _____

SECTION 6 - SIGNATURE

By signing below, I certify that the information provided above is true to the best of my knowledge and belief. I understand that providing false information may lead to dismissal of this complaint.

Complainant's Signature: _____

Date: _____

Important: We cannot accept your complaint without a signature.

Please attach additional pages with details about the complaint, including specific information such as names, dates, times, witnesses, and other relevant details.

Important Information on Reasonable Modification

NEICAC Public Transit follows the requirements of the Americans with Disabilities Act (ADA) and 49 CFR Parts 27 & 37, which mandate that transportation entities make reasonable modifications to policies, practices, and procedures to ensure accessibility for people with disabilities. If you believe you have been denied a reasonable modification or accommodation, please use this form to report the incident.

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For further information on ADA-related requirements, please refer to the following resource on the Federal Register:

<https://www.govinfo.gov/content/pkg/FR-2015-03-13/pdf/2015-05646.pdf>

Thank you for submitting your complaint.

NEICAC is committed to investigating all complaints in accordance with federal regulations. Once your complaint is received, you will be contacted regarding the next steps in the investigation process.