Reasonable Modification Complaint Process

Tri-Valley Transportation Program investigates complaints received no more than 30 days after receipt. Tri-Valley Transportation Program will process complaints that are complete. Once the complaint is received, the complainant will receive an acknowledgement of receipt. If more information is needed to resolve the complaint, Tri-Valley Transportation Program may contact the complainant. The complainant has 30 business days from the date of the letter to send requested information to Tri-Valley Transportation Program.

If Tri-Valley Transportation Program is not contacted by the complainant or does not receive the additional information within 30 business days, the Tri-Valley Transportation Program may administratively close the complaint. In addition, a complaint may be administratively closed if the complainant no longer wishes to pursue their case.

After Tri-Valley Transportation Program investigates the complaint and has consulted and received directive from MnDOT OTAT, a decision will be rendered in writing to the complainant. Tri-Valley Transportation Program will issue either a Letter of Closure or Letter of Finding.

- ◆ Letter of Finding This letter will summarize the complaint, any interviews conducted regarding the complaint, and explains what actions will be taken by Tri-Valley Transportation Program to address the complaint.
- ♦ Letter of Closure This letter will explain why Tri-Valley Transportation Program has determined that the complaint does not merit accommodation under the Americans with Disabilities Act and that the complaint will be closed.

If the complainant disagrees with the decision of Tri-Valley Transportation Program, an opportunity to appeal the decision may be pursued provided the complaint files notice of appeal within 21 days of the initial decision of Tri-Valley Transportation Program.

In the event of appeal, the complainant will be granted all due process, including the ability to be present additional evidence, present the case in person during an appeal hearing, and to be represented by counsel.

Reasonable Modification Complaint Form

Parti				
Date:				
Name:				
Address:				
Telephone:				
Email Address:				
Preferred contact method: ☐ Phone ☐ Email Best time to contact you:				
Additional Formats	Needed:			
□ None		☐ Other		
	□ Audio Tape			
Part II				
,	omplaint on your own behalf?			
☐ Yes – Proceed t	o Part III			
□ No – Please provide the name of and your relationship with this person:				
Name of Inc	lividual:			
Your Relation	onship:			
Confirm: □ I have obtained	permission of the aggrieved par	ty to file this form on his or he	er behalf.	
·	med permission to file this form	•		
Part III.				
services you requ	were not heard in your reasonal lested, please provide as muc ogram investigates complaints r	h detail concerning the incid	lent. Tri-Valley	
Date of incident (N	nonth, Day, Year):	Tim	ne:	
Name(s)	of	Employee(s)	involved:	
☐ Through dispate	_			

Explain as clearly as possible what happened and why your reas- granted or did not receive the services you requested. If more sp of this form.	
Signature and date required below.	
Signature of Person Filing Complaint	Date

If you need assistance completing this form, contact Tri-Valley Transportation Program at 218-281-0700.

Once completed, return a signed and dated copy to:

Elizabeth Hensrud, Transportation Programs Director Tri-Valley Transportation Program 1345 Fairfax Avenue, Crookston, MN 56716