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# East Bay Paratransit

1750 Broadway  
Oakland, CA 94612

## Reasonable Modification/Accommodation Appeals

If you disagree with the East Bay Paratransit's response to your request for reasonable modification/accommodation or alleging an action prohibited by the Americans with Disabilities Act (ADA) regulation found at 49 CFR Part 27, 37, 38, and 39, you may file an appeal. Please read the following directions.

1. Complete the Request for Appeal Form and return it by the date noted in the grey box on the form. If you do not request an appeal by this date, you forfeit your right to appeal the decision. Mail the appeal form to:

**East Bay Paratransit  
Quality Assurance Manager  
1750 Broadway  
Oakland, CA 94612**

All appeals must be submitted in writing. If you are unable to write because of a disability and need assistance in completing the form, East Bay Paratransit staff will assist by scribing your appeal request by phone. Please contact East Bay Paratransit Quality Assurance Manager at (510) 446-2006 or 711 for the California Relay Service.

2. You will be notified of the date and time when your hearing is scheduled. If you need a language or sign language interpreter, request one at least seven days in advance of the hearing.

We encourage you to attend the hearing. If you are not available at the time specified but want to attend, please let us know immediately. Or, if you choose, you may send a representative to meet with the Reasonable Modification/Accommodation Appeals Panel, or you may submit information in writing that you'd like the Panel to consider. If you or your representative does not attend, after agreeing with the appointment, the Reasonable Modification/Accommodation Appeals Panel will make a decision based on all the information available at the time of the hearing.

3. The Reasonable Modification/Accommodation Appeals Panel includes an AC Transit Accessible Services Representative, a member of the Service Review Advisory Committee and an East Bay Paratransit Customer Response Representative. This Panel will decide on your appeal within 30 days of your hearing and you will be notified in writing of this decision.

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4. The appeal date and time will be established based on the availability of The Reasonable Modification/Accommodation Appeals Panel and within calendar 21 days of the date of the appeals request.
5. The decision of the Reasonable Modification/Accommodation Appeals Panel Appeals Panel is final.
6. For additional information please contact:

**Quality Assurance Manager**  
**East Bay Paratransit**  
**1750 Broadway**  
**Oakland, CA 94612**  
**510-446-2006**  
[jasher.nowland@transdev.com](mailto:jasher.nowland@transdev.com)

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## REASONABLE MODIFICATION/ACCOMMODATION REQUEST DENIAL APPEAL

I want to appeal the decision about my request for Reasonable Modification/Accommodation to use East Bay Paratransit services.

**PLEASE PRINT LEGIBLY**

**Mail in your appeal no later than:**

\_\_\_\_\_  
(21 calendar days from receipt of response)

<b>Full Name:</b>	<b>Telephone Number:</b> ( ) -
<b>Street Address, City, State, Zip:</b>	
<b>E-mail Address:</b>	

I have someone helping me, whom East Bay Paratransit should contact.

Advocate's Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**REASON FOR APPEAL:** In your own words, describe why you believe you should receive your requested modification. Use additional paper if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Appellant signature: \_\_\_\_\_ Date: \_\_\_\_\_

List any disability related special accommodation you need for the appeals hearing: \_\_\_\_\_

Advocate Signature (if applicable): \_\_\_\_\_

**Return by mail to:** East Bay Paratransit  
1750 Broadway  
Oakland, CA 94612

**Office Use Only:** Appeal Hearing Date: \_\_\_\_\_