
East Bay Paratransit

1750 Broadway
Oakland, CA 94612

Reasonable Modification/Accommodation Complaints

East Bay Paratransit is committed to complying with the Americans with Disabilities Act (ADA), including Section 49 CFR Parts 27 and 37. Transportation entities are required to make reasonable modifications/accommodations to policies, practices, and procedures to avoid discrimination and ensure that programs are accessible to individuals with disabilities.

Any person who wishes to file a complaint regarding a request for Reasonable Modification or alleging any action by East Bay Paratransit prohibited by the Americans with Disabilities Act (ADA) regulations may file a written complaint.

Complaints should be mailed or e-mailed to:

Quality Assurance Manager

East Bay Paratransit

1750 Broadway

Oakland, CA 94612

us.ebpt.customerservice@transdev.com

1. To file a complaint, the attached complaint Form should be completed and submitted.
2. All complaints **must** be submitted in writing. If the complainant is unable to write because of a disability and needs assistance in completing the form, East Bay Paratransit staff will assist by scribing the complaint by phone. Please call the Quality Assurance Manager at (510) 446-2006 or dial 711 for the California Relay Service.
3. East Bay Paratransit will begin an investigation within fifteen (15) working days of receipt of a written complaint.
4. East Bay Paratransit will contact the complainant in writing no later than thirty (30) working days after receipt of complaint for additional information, if needed. If the complainant fails to provide the requested information in a timely manner, East Bay Paratransit shall administratively close the complaint.

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5. East Bay Paratransit will complete the investigation within ninety (90) days of receipt of the complaint. If additional time for investigation is needed, the complainant will be contacted.
6. A written response will be prepared by the Quality Assurance Manager which will include a summary of the findings and recommended action. The complainant will have fifteen (15) working days from receipt of the response to appeal. If no appeal is received, the complaint will be closed.

Complaint Appeals Process

A complainant who is not satisfied with East Bay Paratransit's response to a complaint regarding a request for reasonable modification or alleging any action by East Bay Paratransit that is prohibited by the Americans with Disabilities Act (ADA) regulations has the right to appeal. Information about how to submit an appeal is included in the response to the complaint.

The Reasonable Modification/Accommodation Appeals Panel consisting of an East Bay Paratransit representative, a member of the East Bay Paratransit Access Committee (EBPAC), and an AC Transit Representative will hear the appeal. The appeal date and time will be established based on the availability of the three (3) member panel and within calendar 21 days of the date of the appeals request.

The panel will meet and make a decision based on information from the appellant, ADA regulations and exceptions to the rule spelled out in the regulation. These exceptions are:

- When the modification/accommodation would cause a direct threat to the health or safety of others,
- Would result in a fundamental alteration of the service,
- Would not actually be necessary in order for the individual with a disability to access the entity's service, or
- Would result in an undue financial and administrative burden (for recipients of Federal financial assistance).

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If the complainant is unable to write because of a disability and needs assistance in completing the form, East Bay Paratransit Staff will assist by scribing the complaint by phone. Please call Quality Assurance Manager at (510) 446-2006 or dial 711 for the California Relay Service.

Full Name:	Telephone Number: () - - - -
Street Address:	
City: State:	E-mail address: Zip:

Describe your complaint and what modification(s) you requested that is necessary for you to use East Bay Paratransit. Please include any information about the issue you are trying to remedy. Be specific. For additional space, attach additional sheets of paper.

Signature: _____

Date: _____

MAIL COMPLETED FORM TO:
Quality Assurance Manager
East Bay Paratransit
1750 Broadway
Oakland, CA 94612

OR EMAIL COMPLETED FORM TO:

us.ebpt.customerservice@transdev.com

For Office Use Only

Date Received by East Bay Paratransit:

Phone: (510) 287-5000 or Fax: (510) 287-5069
www.eastbayparatransit.org