

Reasonable Modification Complaint Procedure

St. Cloud Metro Bus investigates complaints received no more than 30 days after receipt. St. Cloud Metro Bus 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, St. Cloud Metro Bus may contact the complainant. The complainant has 30 business days from the date of the letter to send requested information to St. Cloud Metro Bus.

If St. Cloud Metro Bus is not contacted by the complainant or does not receive the additional information within 30 business days, the St. Cloud Metro Bus may administratively close the complaint. In addition, a complaint may be administratively closed if the complainant no longer wishes to pursue their case.

After St. Cloud Metro Bus investigates the complaint and has consulted and received directive from MnDOT OTAT, a decision will be rendered in writing to the complainant. St. Cloud Metro Bus 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 St. Cloud Metro Bus to address the complaint.
- ◆ **Letter of Closure** – This letter will explain why St. Cloud Metro Bus 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 St. Cloud Metro Bus, an opportunity to appeal the decision may be pursued provided the complaint files notice of appeal within 21 days of the initial decision of St. Cloud Metro Bus.

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

Part I

Date: _____

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Preferred contact method: ☐ Phone ☐ Email

Best time to contact you: _____

Additional Formats Needed:

☐ None

☐ TDD

☐ Other

☐ Large Print

☐ Audio Tape

Part II

Are you filing this complaint on your own behalf?

☐ Yes – Proceed to Part III

☐ No – Please provide the name of and your relationship with this person:

Name of Individual: _____

Your Relationship: _____

Please explain why you have filed for a third party:

Confirm:

☐ I have obtained permission of the aggrieved party to file this form on his or her behalf.

☐ I have not confirmed permission to file this form on behalf of the aggrieved party.

Part III.

If you believe you were not heard in your reasonable modification request or did not receive the services you requested, please provide as much detail concerning the incident. St. Cloud Metro Bus investigates complaints received no more than 30 days after receipt.

Date of incident (Month, Day, Year): _____ Time: _____

Name(s) of Employee(s) involved:

☐ Through dispatching services

☐ Through operator request

Explain as clearly as possible what happened and why your reasonable modification request was not granted or did not receive the services you requested. If more space is needed, please use the back of this form.

Signature and date required below.

Signature of Person Filing Complaint

Date

If you need assistance completing this form, contact St. Cloud Metro Bus at 320-258-6886.

Once completed, return a signed and dated copy to:

**Missy Kraemer, Operations Manager
St. Cloud Metro Bus
665 Franklin Ave NE, St. Cloud, MN 56304**