

# 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 from 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. Becker County Transit 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.

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Signature and date required below.

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Signature of Person Filing Complaint

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Date

If you need assistance completing this form, contact Becker County Transit at 218-847-1674.

**Once completed, return a signed and dated copy to:**

**Kevin Johnson Transit Director  
Becker County Transit  
1771 N Tower Road Detroit Lakes MN, 56501**