

UCHRA Public Transit Grievance/Complaint Reasonable Modification Procedure

Reasonable Modification

UCHRA Public Transit will provide reasonable modification of policy and practice upon request to ensure that our transportation services are accessible to people with disabilities. Drivers can make some reasonable accommodations.

Contact UCHRA Mobility Coordinator at customerservice@uchra.com or 931-520-9589 for Reasonable Modification of your trip, if required.

For Information/Complaints Contact Customer Service at

- Phone Number:1-931-520-9589
- Email to customerservice@uchra.com.
- Mail to

Upper Cumberland Human Resource Agency

580 South Jefferson Avenue, Suite B

Cookeville, TN 38501-4010

ATTN: Transportation Customer Service

Customers/Passengers have the right to file a complaint if you are not satisfied with your service or feel unfair treatment by an UCHRA employee.

- *First – Ask your driver or request from Customer Service the complaint procedures and/or contact your Customer Service with your complaint. Phone Number 1-931-520-9589*
- *Second – Customer Service will investigate and attempt to resolve. UCHRA may find it necessary to involve the Field Operations/Training Supervisor or the Mobility Manager to resolve the complaint. They will respond to your complaint within 30 days in writing.*
- *Third – If your complaint is not resolved you can appeal the decision to the Transportation Director. The Director will investigate and respond within five working days in writing.*
- *Fourth – If you are still not satisfied with the resolution of the complaint, you may request a meeting with the Transportation Director. The Director may find it necessary to include the Human Resources/Community Relations Director to determine next steps.*

All documentation will be copied to: The person filing the complaint, all parties involved in the procedure, and program files.

UPPER CUMBERLAND HUMAN RESOURCE AGENCY

Transportation Program

Passenger & General Public Complaint

Reasonable Modification

County: _____

Driver's Name: _____

Van #: _____

Complainant's Name: _____

Complainant's: _____ Phone #: _____

Date of Complaint: _____ Time of Complaint _____

State Nature of Complaint for Reasonable Modification:

Investigation & Recommendation:

Response & Recommendation:
