

UCHRA Public Transit Grievance/Complaint and 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.

Title VI, ADA or General Public Complaint

Customers, Passengers and General Public 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 Safety & Security Manager 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.

Contact Information

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

Mailing Address for Complaint Form:

Upper Cumberland Human Resource Agency
580 South Jefferson Avenue, Suite B
Cookeville, TN 38501-4010
ATTN: Transportation Customer Service

UPPER CUMBERLAND HUMAN RESOURCE AGENCY

Transportation Program Form
Passenger & General Public Complaint
Reasonable Modification Request

County: _____

Driver's Name: _____ Van #: _____

Passenger/General Public Name: _____

Address _____ Phone #: _____

Date of Complaint: _____ Time of Complaint _____

Reasonable Modification Request:

State Nature of Complaint and any Witness Names:

Please check one (1) of the following that best apply to the Complaint

- Title VI Complaint
- ADA Complaint
- General Complaint

Office use only



Investigation & Determination:

Recommendation & Response:

Investigator's Signature: _____ Date: _____

Closed: Yes No