Voluntary Action Center
ADA Reasonable Modification Appeal Form

VAC is committed to offering equal and effective opportunities and access to our agency's public transportation services for persons with disabilities and ensuring full compliance with the provisions of the American with Disabilities Act of 1990, Title II, and Section 504 of the Rehabilitation Act of 1973.

If a request for reasonable modification is denied, the requester has the right to appeal the decision by following VAC's appeals procedures. VAC has a process for recording, investigating, and tracking appeals from qualified individuals. This appeals process is managed by VAC's ADA Officer, who is appointed by the Board of Directors. The appeal forms are available at VAC offices, or on the VAC website at www.vacdk.com.

Any person who wishes to file an appeal regarding a request for Reasonable Modification that was denied may do so in writing via fax, email, or in person:

Voluntary Action Center
c/o ADA Officer
1606 Bethany Road
Sycamore, IL 60178
T: (815) 758-3932
F: (815) 758-0202

If more information is needed to evaluate the appeal, VAC may contact the person filing the appeal. If the information is not received within 30 days from the date of the original appeal, the appeal will be marked undetermined and closed.

The ADA Officer will issue a Letter of Finding or Letter of Closure.

The Letter of Finding will summarize the appeal, interviews conducted, and explain the actions to be taken by VAC to address the appeal.

The Letter of Closure will summarize the appeal, interviews conducted, and explain how VAC has determined that the appeal is not warranted and the appeal will be closed.

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Person appealing a Reasonable Modification decision

Name: _____

Street Address: _____

Phone: _____ Alternate Phone: _____

Person appealing a Reasonable Modification decision (if someone other than complainant):

Name(s): _____

Street Address, City, State & Zip Code: _____

Date of Original Modification Request: _____

Please describe the alleged situation in detail (attach additional pages if needed):

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(Description of incident continued):

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I affirm that I have read the above allegation and that it is true to the best of my knowledge, information, and belief.

_____

Appellate Signature **Date**

Print or type name of appellate: _____

For Office Use Only			
Received Date:	Responded Date:	Approved/Denied:	Signature:
Notes regarding decision:			