

**Orange County Rehabilitative & Developmental Services, INC
ORANGE COUNTY TRANSIT SERVICES (OCTS)**

Reasonable Modification Program Complaint Form

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Accessible Format Requirement?	Large Print		Audio Tape
	TDD		Other
Section II:			
Are you filing this complaint on your own behalf?	Yes*	No	
*If you answered "yes" to this question, go to Section III.			
If not, please supply the name and relationship of the person for whom you are complaining:			
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party		Yes	No
Section III:			
Date that Reasonable Modification was Denied (Month, Day, Year): _____			
Explain as clearly as possible what happened and why you believe you should have received the modification request. Describe all persons who were involved. Include the name and contact information of the person(s) (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. You may also attach other items that you think are relevant.			

Section IV:			
Have you previously filed a complaint with this agency?	Yes	No	

Signature and date required. Please submit the form in person or via mail/e-mail.

Signature _____ Date _____

Orange County Transit Services, Attn.: Crystal Mattingly, Transportation Director
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