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 compliant 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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cmattingly@firstchancecenter.com