Ponca Express
ADA Compliance
Federal Transit Administration
Section 5311 Subrecipients
November 2018
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Rights Notice</td>
<td>2</td>
</tr>
<tr>
<td>Complaint Procedures</td>
<td>5</td>
</tr>
<tr>
<td>Filing of Complaint</td>
<td>5</td>
</tr>
<tr>
<td>Investigation of Complaint</td>
<td>6</td>
</tr>
<tr>
<td>Dismissal of Complaint</td>
<td>6</td>
</tr>
<tr>
<td>ADA Discrimination Complaint Form</td>
<td>8</td>
</tr>
<tr>
<td>ADA Complaint Log</td>
<td>9</td>
</tr>
<tr>
<td>FTA's Reasonable Modification Rule</td>
<td>10</td>
</tr>
<tr>
<td>Reasonable Modification Complaint Process and Form</td>
<td>11</td>
</tr>
<tr>
<td>Complaint Appeals Process</td>
<td>12</td>
</tr>
<tr>
<td>Reasonable Modification/Accommodation Complaint Form</td>
<td>13</td>
</tr>
</tbody>
</table>
DISABILITY RIGHTS NOTICE

Ponca Express

In accordance with the applicable requirements of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990 (ADA), Ponca Express will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities.

Employment: Ponca Express does not discriminate on the basis of disability in its hiring or employment practices.

Effective Communication: Ponca Express will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the Ponca Express programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: Ponca Express will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in our offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of Ponca Express, should contact:

Talia Jennings
Transit Manager
1800 Syracuse Ave
Norfolk, NE 68701
402-379-2361
dannettew@poncatribene.org

The Rehabilitation Act and ADA do not require Ponca Express to take any action that would fundamentally alter the nature of its programs or services.

Complaints that a program, service, or activity of Ponca Express is not accessible to persons with disabilities should be directed to the Coordinator listed above.

Ponca Express will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

Nothing in this policy shall be construed to affect or limit the sovereign authority, powers, and rights, including immunities, of the Ponca Tribe of Nebraska, Ponca Express, or their officers, agents, or employees. Nothing in this policy, including references to or inclusion or incorporation of any law in this policy, shall subject the Ponca Tribe of Nebraska, Ponca Express, or their officers, agents, or employees to any law to any greater extent than such law
is already applicable or be read or construed as a consent to the applicability of any such law to
the Ponca Tribe of Nebraska, Ponca Express, or their officers, agents, or employees.

Complaint Procedures

No person in the United States shall, on the ground of race, color, or national origin be excluded
from participation in, be denied the benefits of, or be subjected to discrimination under any
program or activity receiving Federal financial assistance.

These procedures apply to all complaints filed under Section 504 of the Rehabilitation Act of
1973, relating to any program or activity administered by Ponca Express or its sub-recipients,
consultants and/or contractors. Intimidation or retaliation of any kind is prohibited by law.

Persons Eligible to File: any individual or group of individuals, or entity who believes that he or
she or any specific class of persons has been subjected to discrimination or retaliation
prohibited by any applicable law based upon race, color, sex, age, national origin or disability
may file a written complaint.

**DISCRIMINATION:** an act (or action) or inaction whether intentional or unintentional,
through which a person in the United States, based on race, color, sex, age, national
origin, or disability has been subjected to unequal treatment under any program or
activity receiving Federal financial assistance.

Two complaint forms are available for the individual. The ADA Complaint Form (Appendix A) is
for individuals that believe Ponca Express programs, services, or activities may be
discriminatory. The Reasonable Modification Complaint form is to request a modification to
ensure Ponca Express programs and activities are accessible.

Filing of Complaint

1. Complaints may be filed by the affected individual or a representative of that individual.

2. Complaints must be in writing and contain as much information as possible about the
alleged discrimination. Ponca Express has prepared a Complaint Form to be used for
the convenience of the complainant. The written complaint should include:

   a. Complainant’s name, address and telephone number,

   b. A detailed description of the issues,

   c. Name and job titles of individuals perceived as parties in the complaint.

Complaints received by telephone will be placed in writing and provided to complainant
for confirmation or revision, and signature before processing.

3. Complaint forms will be available on www.ponca-tribe-ne.org or by contacting Dani
Wright, Transit Manager. Complaints and substantiating information should be sent to:

   Talia Jennings
   Transit Manager
Alternate means of filing a complaint will be made available to accommodate persons with disabilities upon request.

4. A complaint should be filed as soon as possible but must be no later than 180 calendar days after the complainant becomes aware of the alleged discrimination, unless the time for filing is extended by the designated agency for good cause shown.

6. The Ponca Express, Transit Manager, will contact the complainant to:
   
a. Acknowledge receipt of the complaint by the investigator,
   
b. Confirm that the complainant wishes to go forward with the complaint,
   
c. Confirm that there are allegations that need to be investigated and resolved, and
   
d. Gather additional facts and further clarify the complaint.

Investigation of Complaint

An Investigator will review and investigate the complaint. As part of the review, the investigator will at minimum:

1. Gather relevant documentation from the complainant not included in the complaint, such as forms, memos, letters, and photographs
2. Contact complainant to arrange and conduct interview, if needed
3. Maintain log of all activities associated with complaint.
4. Complete Investigative Report of information, findings, photos, and recommendations for correction to the Nebraska Department of Transportation.

All complaints will be kept on file and made available to FTA upon request to the extent required by applicable law.

Dismissal of Complaint

A decision to dismiss a complaint can be done for the following reasons:

- The complaint is untimely filed
- The complaint does not allege a basis covered by the statutes for which Ponca Express is responsible
- The complaint does not allege any harm with regard to covered programs or statutes
• The complainant requests the withdrawal of the complaint

• The complainant fails to respond to repeated requests for additional information needed to process the complaint

• The complainant cannot be located after reasonable attempts

Ponca Express has developed the following complaint procedures:

• Disability Discrimination Complaints

• Reasonable Modification Complaints/Requests
## DISABILITY DISCRIMINATION COMPLAINT FORM

**Ponca Express**

<table>
<thead>
<tr>
<th>Complainant:</th>
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<tbody>
<tr>
<td>Phone:</td>
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<table>
<thead>
<tr>
<th>Address: (City, State, Zip):</th>
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<tbody>
<tr>
<td>Email:</td>
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<table>
<thead>
<tr>
<th>Person Discriminated Against if Different from Above:</th>
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<tbody>
<tr>
<td>Phone:</td>
<td></td>
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<td>Email:</td>
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<th>Date of Incident:</th>
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**Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination.**

**Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your complaint (attach additional pages, if necessary).**

The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that you believe is relevant to the complaint.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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**Attachments:**

- Yes  
- No

Submit completed form to:

**Ponca Express, Transit Manager**

Dani Wright  
1800 Syracuse Ave  
Norfolk, NE 68701  
402-379-2361  
danettew@poncaTribe-ne.org

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**- AGENCY USE ONLY -**

<table>
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<th>Received By:</th>
<th>Date:</th>
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8
## ADA COMPLAINT LOG

**Ponca Express**

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<th>Sub-recipient</th>
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<th>Date of Final Report</th>
<th>Disposition</th>
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FTA’s Reasonable Modification Rule

In March 2015, the Federal Transit Administration issued a final rule concerning reasonable modification of transportation policies and practices. The ruling mandates that all public transit providers must make reasonable modifications/accommodations by making changes to policies, practices and procedures if needed by an individual to participate in the recipient’s program or activity. Modifications will be made to avoid discrimination on the basis of disability.

The following exceptions apply:

1. When the modification/accommodations would cause a direct threat to the health or safety of others;

2. Would result in a fundamental alteration of service;

3. Without the requested modification, the individual with a disability is able to fully use the entity’s services, programs, or activities for their intended purpose.

The reasonable modification rule has implications for every rural public transportation system. Disabled and elderly passengers can now request that you alter your standard operating procedures to ensure they have access to your services. For example, if your policy states that you provide curb to curb service a wheelchair bound person could request door to door service. If that request does not meet the exceptions as noted above, the accommodation should be approved.

To comply with the reasonable modification/accommodation rule, rural public transit systems receiving Section 5311 funds will have to implement the following procedures:

1. Make information about how to contact the transit system to make requests for reasonable modifications readily available to the public through the same means it uses to inform the public about its policies and practices.

2. The information shall be accessible to and usable by individuals with disabilities.

3. Designate a responsible employee to coordinate compliance.

4. Adopt procedures that incorporate due process standards and provide for the prompt and equitable resolution of requests for reasonable accommodation.

5. Individuals requesting modifications shall describe what they need in order to use the service. The request does not need to include the term “reasonable modification.”

6. When possible, the request and resulting modification shall be determined prior to providing transportation service. In some circumstances, transit drivers shall make the determination to provide or deny a service modification in the field. The driver may contact transit system management before making the
determination.

Rider handbooks and policy/procedural manuals must be updated to indicate the transit system is in compliance with the requirements listed above. Template complaint and complaint appeal forms will be provided by NDOT.

Please note, in 49 CFR Part 37 Subsection 37.S(h) the regulation states the following:

> It is not discrimination under this part for an entity to refuse to provide service to an individual with disabilities because that individual engages in violent, seriously disruptive, or illegal conduct or represents a direct threat to the health or safety of others. However, an entity shall not refuse to provide service to an individual with disabilities solely because the individual's disability results in appearance or involuntary behavior that may offend, annoy, or inconvenience employees of the entity or other persons.

If you have any questions, please contact Ponca Express, Transit Manager.
Reasonable Modification Complaint Process and Form

Ponca Express is committed to ensuring that the department complies with the applicable provisions of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), including Section 49 CFR Parts 27 and 37. Transportation entities are required to make reasonable modifications / accommodations to policies, practices, and procedures to avoid discrimination and ensure that programs are accessible to individuals with disabilities.

Any person who wishes to file a complaint regarding a request for Reasonable Modification may file a written complaint.

Reasonable Modification Requests should be mailed or emailed to:

Ponca Tribe of Nebraska
Attention: Talia Jennings
1800 Syracuse Ave.
Norfolk, Ne 68701

)Dani Wright
Transit Manager
1800 Syracuse Ave
Norfolk, NE 68701
402-379-2361

1. To file a reasonable modification request, the attached complaint form should be completed and submitted.

2. All reasonable modification requests must be submitted in writing. If the complainant is unable to write because of a disability and needs assistance in completing the form, Agency staff will assist by taking the reasonable modification request by phone.

3. )Ponca Express Will begin an investigation within fifteen (15) working days of receipt of a written reasonable modification request.

4. )Ponca Express Will contact the complainant in writing no later than thirty (30) working days after receipt of a reasonable modification request. If the complainant fails to provide the requested information in a timely basis, )Ponca Express shall administratively close the reasonable modification request.

5. )Ponca Express Shall complete the investigation within ninety (90) days or receipt of the reasonable modification request. If additional time for investigation is needed, the complainant will be contacted.

6. A written response will be prepared by)Ponca Express, which will include a summary of why the request was denied or grants a recommended action. The complainant will have fifteen (15) working days from receipt of the response to appeal a denial. If no appeal is received, the reasonable
modification request will be closed and no further action will be taken.

Complaint Appeals Process

A complainant, who is not satisfied with Ponca Express’ response to a complaint regarding a request for reasonable modification, has the right to appeal.

Ponca Express will review your appeal and respond within twenty-one (21) working days from the date of the appeals request.

The decision to allow or deny a request for reasonable modification will be based on information from the complainant and applicable regulations and exceptions to the rule. These exceptions are:

1. When the modification/accommodation would cause a direct threat to the health or safety of others;

2. Would result in a fundamental alteration of the service;

3. Would not actually be necessary in order for the individual with a disability to access the transportation entity's service; or

4. When granting the request would cause an undue financial and administrative burden.
Reasonable Modification/Accommodation Complaint Form

For assistance in completing this form, please contact ____

Please complete this form. Fields marked with an asterisk (*) are required.

**Person filling out this form:**

*Name: ____

*Address: ____

*Telephone: (preferred) ____

*Email: ____

**Person(s) Refused Reasonable Accommodation (if other than the complainant): ____**
Are you filling this complaint on your own behalf?  

| Yes * | No |

* If you answered "yes" to this question, go to next section.

If not, please supply the name and relationship of the person for whom you are complaining:

(\text{Name and Relationship})

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of that party:

| Yes | No |

*Primary type of disability? Please check specific disability:

<table>
<thead>
<tr>
<th>Mobility</th>
<th>cognitive/intellectual/developmental</th>
<th>learning</th>
<th>vision</th>
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<tbody>
<tr>
<td>Mental/psychiatric</td>
<td>Hearing</td>
<td>Seizure</td>
<td>HIV/AIDS</td>
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<tr>
<td>Other or not listed</td>
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* Describe your request for a reasonable accommodation: 

Specific location where we may need to take action (\text{if applicable}): 

Are you able to use the public transportation system without this modification/accommodation?

| Yes | No |

Please explain: 

Signature and date required below:

\begin{center}
\text{Signature} \hspace{2cm} \text{Date}
\end{center}

You may submit at the address below by email, fax or mail this form to:

\begin{center}
\text{Name:} \\
\text{Organization:} \\
\text{Address:} \\
\text{City:} \hspace{1cm} \text{State:} \hspace{1cm} \text{Zip:} \\
\text{Email:} \\
\text{Phone:}
\end{center}