

Sioux City Transit System Appeal Form

Sioux City Transit System (SCTS) is committed to ensuring that no person is excluded from participation in or denied the benefits of public transit services.

The following information is necessary to assist SCTS with processing your appeal to a previously determined decision. If you require any assistance in completing this form, please contact the Sioux City Transit Administrative Office by calling (712) 279-6405 or TTY (712) 279-0177. ADA accessible formats are available upon request.

TIMEFRAME: An appeal decision may be made after conference with applicable agencies including the FTA Region VII Office, IDOT Office of Public Transit, the Sioux City Attorney, and other Human Service Entities. Response to an appeal will be rendered within ten (10) business days.

The completed form must be returned to:
Sioux City Transit System
Attn: Operations Supervisor
509 Nebraska Street
Sioux City, IA 51101

Appeal Request of Reasonable Modification or Complaint Decision

NAME: _____
ADDRESS: _____
CITY / STATE / ZIP CODE: _____
DAYTIME PHONE NUMBER: _____
E-MAIL (If Applicable): _____

SELECT ONE: I AM APPEALING A COMPLAINT.

I AM APPEALING A REASONABLE MODIFICATION DECISION

PLEASE DESCRIBE AND DEFINE YOUR APPEAL AS SPECIFICALLY AS POSSIBLE.

IN YOUR OPINION, WHAT DETERMINANT(S) REGARDING SCTS POLICY, PROCEDURE, SERVICE PROVISIONS, OR OTHER FACTORS ARE NOT BEING CONSIDERED?

WHY IS THE COMPLAINT RESOLUTION OR MODIFICATION DECISION NOT FAIR OR EQUITABLY DETERMINED?

I AFFIRM THAT I HAVE ACCURATELY DESCRIBED THE ABOVE CHARGE AND READ IT. IT IS TRUE TO MY BEST KNOWLEDGE.

SIGNATURE: _____ DATE: _____

SCTS PERSONNEL USE:

RECEIVED BY: _____ DATE: _____