

County of Lebanon Transit Authority (LT)



NOTICE OF RIGHT TO APPEAL

ADA and Title VI Civil Rights Appeal Form

(Includes Paratransit Eligibility & Reasonable Modification Decisions)

Lebanon Transit operates its programs and services in full compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d) and all related federal regulations, directives, and guidance issued by the Federal Transit Administration (FTA). Lebanon Transit assures that no person, on the basis of race, color, or national origin, shall be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any Lebanon Transit program, service, or activity.

Lebanon Transit also complies with the Americans with Disabilities Act of 1990 (ADA), as amended, and all related federal regulations. Lebanon Transit is committed to ensuring that individuals with disabilities have equal and meaningful access to transportation services, programs, facilities, information, and opportunities. Reasonable modifications to policies, practices, or procedures will be provided when necessary to avoid discrimination, unless doing so would fundamentally alter the nature of the service or pose a direct threat to safety.

If you disagree with a decision related to your complaint, you have the right to appeal Lebanon Transit's decision.

You have the right to appeal the following determinations:

- A determination that you are not eligible for ADA Complementary Paratransit service;
- A determination granting conditional or temporary ADA Complementary Paratransit eligibility or placing restrictions on your use of ADA paratransit service (49 CFR § 37.125(g));
- A denial of a request for a reasonable modification to Lebanon Transit policies, practices, or procedures under the ADA (49 CFR § 37.169); and/or
- A determination related to your Title VI Civil Rights complaint.

Appeals must be submitted **within sixty (60) calendar days** of the date of the written determination being appealed. Failure to submit an appeal within this timeframe may result in the determination becoming final.

Lebanon Transit will ensure that all appeals are reviewed by an individual or panel **not involved in the original decision**, and that the appeal process is conducted in a fair, prompt, and impartial manner, consistent with FTA requirements.

Type of Appeal (Please check all that apply)

☐ **ADA Paratransit Eligibility Determination Appeal**

(Examples: Ineligible determination, conditional eligibility, temporary eligibility, trip-by-trip or other usage restrictions)

☐ **ADA Reasonable Modification Denial Appeal**

(Examples: Denial of a request to modify a policy, practice, or procedure related to use of Fixed Route or paratransit service)

☐ **Title VI Civil Rights Appeal**

(Examples: Discrimination based on race, color, or national origin)

Contact Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone Number: _____

Email Address (optional): _____

Designated Advocate or Representative (Optional)

You may designate an advocate or representative to assist you during the appeal process.

Name of Advocate/Representative: _____

Daytime Phone Number: _____

Relationship (optional): _____

Method of Appeal (Please check one)

☐ **In-Person Appeal**

If you choose to appeal in person, Lebanon Transit staff will contact you to schedule an appeal meeting at a mutually agreed-upon date and time. You and your advocate or representative may present information related to your appeal. Please bring all supporting documentation. Be specific regarding the determination and dates you are appealing.

☐ **Written Appeal**

If you choose to appeal in writing, please submit this completed form and/or a written statement clearly explaining why you believe the determination was made in error. Be specific regarding the determination and dates you are appealing. Please include all supporting documentation.

Basis for Appeal

Please explain why you disagree with the determination. If appealing an ADA paratransit eligibility decision, please address each item listed in your determination letter and indicate whether you agree or disagree with each item. You may submit written material regarding your disability, functional ability to use transit services,

and/or the requested reasonable modification as part of this appeal. All materials submitted will become part of the official record and **will not be returned**.

(Attach additional pages if necessary)

Acknowledgment and Signature

On the basis of the above statement and any supporting documentation submitted, I hereby appeal the determination of Lebanon Transit regarding my Title VI Civil Rights, ADA paratransit eligibility and/or ADA reasonable modification request. I understand that:

- My appeal will be reviewed in accordance with Title VI Civil Rights, ADA and FTA regulations;
- A hearing may be conducted as part of this review;
- I will be notified in writing of the final decision;
- The decision issued through this appeal process will constitute Lebanon Transit's final administrative action on this matter.

Signature: _____

Date: _____

Submission Instructions

Appeals may be submitted by mail, email, or in person to:

Lebanon Transit

Attn: Human Resources Manager – ADA/Title VI Civil Rights Compliance Officer

200 Willow Street

Lebanon, PA. 17046

humanresources@lebanontransit.org

717-274-3664

Reasonable accommodation, including alternative formats or auxiliary aids, are available upon request to ensure equal access to the appeal process.

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Lebanon Transit
200 Willow Street
Lebanon, PA 17046
717-274-3664

Lebanon Transit is a Drug Free Workplace
Lebanon Transit is an Equal Employment Opportunity Employer