

ADA Reasonable Modification Program Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	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

Living Well in Wabash County CoA, Inc.; Beverly Ferry, CEO, is our ADA Contact and can be reached at P.O. Box 447, 239 Bond Street in Wabash, IN 46992.