

Reasonable Modification/ADA Complaint Form

Section I: General Contact Information

Name:			
Address:			
Telephone (Home):		Telephone (Work):	
E-mail Address:			
Accessible Format	Large Print	Audio Tape	
Requirements?	TDD	Other	

Section II: Details of Person Filing the Complaint

Are you filing this complaint on your own behalf? <small>*If you answered "yes" to this question, go to Section III.</small>	Yes*	No
If not, please supply the name and relationship of the person for whom you are filing a complaint:		
Name:		
Relationship:		
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: Reasonable Modification Complaints

Is your complaint in regards to a Reasonable Modification? <small>*If you answered "No" to this question, go to Section IV.</small>	Yes	No*
Date 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: Other ADA Complaints

Please describe your complaint in as much detail as possible:

Section V: Previous Complaints

Have you previously filed a complaint with this agency?	Yes	No
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Signature and date required.

Signature

Date

Please submit form in person, via mail, fax or e-mail:
Catch-A-Ride
ATTN: Michelle Guidice, Catch-A-Ride Director
13091 Benedict Drive, Dillsboro, Indiana 47018
mguidice@lifetime-resources.org
Phone: (812) 432-6103
Fax: (812) 432-6240