

Reasonable Accommodation Complaint Form

Area IV Agency on Aging and Community Action Programs, Inc.

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:				
<p>Explain as clearly as possible what happened and why you believe you were discriminated against in obtaining a reasonable accommodation. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.</p> <hr/>				
Section IV				
Have you previously filed a reasonable accommodation complaint with this agency?			Yes	No

Section V	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Printed Name

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Transportation Manager
 Area IV Agency on Aging and Community Action Programs, Inc.
 660 N. 36th Street, P.O. Box 4727
 Lafayette, IN 46905