

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 the Reasonable Modification was Denied (Month, Day, Year) _____			
<p>Explain as clearly as possible what happened and why you believe you should have received the modification requested. 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.</p>			
Section IV:			
Have you previously filed a complaint with this agency?		Yes	No

Signature and date required. Please submit form in person or via mail/e-mail.

Signature

Date

Community Services of Starke County, Inc., Transportation Services,

ATTN: Janet Rogers, Transportation Coordinator

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Knox, IN 46534

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