



## REASONABLE ACCOMMODATION PROGRAM COMPLAINT FORM

|   |             |                          |                              |                             |
|---|-------------|--------------------------|------------------------------|-----------------------------|
| <b>Section I</b>  |             |                          |                              |                             |
| Name: _____   |             |                          |                              |                             |
| Address: _____  |             |                          |                              |                             |
| Telephone (Home): _____   |             |                          | Telephone (Work): _____      |                             |
| Email Address: _____  |             |                          |                              |                             |
| Accessible Format Requirements?   | Large Print | <input type="checkbox"/> | Audio Tape                   | <input type="checkbox"/>    |
|   | TDD         | <input type="checkbox"/> | Other                        | <input type="checkbox"/>    |
| <b>Section II</b>   |             |                          |                              |                             |
| Are you filing this complaint on your own behalf  |             |                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| *If you answer "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:<br>_____   |             |                          |                              |                             |
| Have you obtained permission of the aggrieved party if you are filing on behalf of a third party?   |             |                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>Section III</b>  |             |                          |                              |                             |
| Date that Reasonable Accommodation was Denied? _____  |             |                          |                              |                             |
| <p>Explain as clearly as possible what happened and why you believe you should have received the accommodation 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.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |             |                          |                              |                             |
| <b>Section IV</b>   |             |                          |                              |                             |
| Have you previously filed a complaint with this agency:   |             |                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date