

Reasonable Modification/Accommodation Complaint Form

Please complete this form. Fields marked with an asterisk (*) are required.

Person filling out this form:				
*Name:				
*Address:				
*Telephone: (preferred):				
*Email:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Persons(s) Refused Reasonable Accommodation (if other than the complainant):				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to next section.				
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 that party.			Yes	No
Discriminatory Incident:				
*What date did the refusal occur?				
*Primary type of disability? Please check specific disability:				
<input type="checkbox"/> mobility <input type="checkbox"/> cognitive/intellectual/developmental <input type="checkbox"/> learning <input type="checkbox"/> mental/psychiatric				
<input type="checkbox"/> vision <input type="checkbox"/> hearing <input type="checkbox"/> seizure <input type="checkbox"/> speech <input type="checkbox"/> HIV/Aids <input type="checkbox"/> diabetes				
<input type="checkbox"/> Other or not listed				
Specific issue? Please check specific issue:				
<input type="checkbox"/> physical access <input type="checkbox"/> interpreter/assistive listening <input type="checkbox"/> service animal <input type="checkbox"/> retaliation				
<input type="checkbox"/> denial of service <input type="checkbox"/> other or don't know				
*Describe the refusal of the reasonable accommodation:				

Background:		
Have you previously filed an ADA complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Filing Status:		
Have you filed this complaint with the Department of Justice or any other Federal, State, or local civil rights agency or court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply and indicate the name(s) of those places:		
<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> Department of Justice: _____	
<input type="checkbox"/> Federal Court: _____	<input type="checkbox"/> State Agency: _____	
<input type="checkbox"/> State Court: _____	<input type="checkbox"/> Local Agency: _____	
Please provide the contact information of an employee at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		

You may attach any written materials or other information that you think is relevant to your complaint. Please keep a copy of your complaint and the original documents for your records.

Signature and date required below:

Signature:

Date:

You may submit at the address below by email, fax or mail this form to:

Peter Murphy, Title VI Coordinator
P.O. Box 2746
Burlington, NC 27216
Fax: 336-222-6029
Email: exec@acta-nc.com