

Reasonable Modification Complaint Form

Part I

Date: _____
Name: _____
Address: _____
Telephone: _____
Email Address: _____

Preferred contact method: Phone Email Best time to contact you: _____

Additional Formats Needed:

- None TDD Other
 Large Print Audio Tape

Part II

Are you filing this complaint on your own behalf?

- Yes – Proceed to Part III
 No – Please provide the name of and your relationship with this person:

Name of Individual: _____
Your Relationship: _____

Please explain why you have filed for a third party:

Confirm:

- I have obtained permission of the aggrieved party to file this form on his or her behalf.
 I have not confirmed permission to file this form on behalf of the aggrieved party.

Part III.

If you believe you were not heard in your reasonable modification request or did not receive the services you requested, please provide as much detail concerning the incident. Tri-County Action Program, Inc investigates complaints received no more than 30 days after receipt.

Date of incident (Month, Day, Year): Time: Name(s) of Employee(s) involved:

- Through dispatching services
- Through operator request

Explain as clearly as possible what happened and why your reasonable modification request was not granted or did not receive the services you requested. If more space is needed, please use the back of this form.

Signature and date required below.

Signature of Person Filing Complaint Date

If you need assistance completing this form, contact Tri-County Action Program, Inc at 320-251-1612.

Once completed, return a signed and dated copy to:

**Lori Hawkins, ADA Officer
Tri-County Action Program, Inc
Waite Park, MN 56387**