

**Fulton County Rehabilitation Center, Inc.**  
**Reasonable Modification Complaint Form**

Any person who believes she or he has been discriminated against in obtaining a reasonable modification under the Americans with Disabilities Act may file a complaint by completing and submitting a Reasonable Modification Complaint Form. Fulton County Rehabilitation Center, Inc. investigates complaints received no more than 30 days after receipt. Fulton County Rehabilitation Center, Inc. will communicate the results of all complaints in writing or other accessible formats.

**Section I. Identification**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_

Telephone (H): Telephone (W): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Alternative Format Required?

*(check most usable format)*

\_\_\_\_\_ Large Font

\_\_\_\_\_ Braille

\_\_\_\_\_ Audio Tape

\_\_\_\_\_ Electronic File (e.g., Word or PDF)

\_\_\_\_\_ Other *(please specify)*: \_\_\_\_\_

**Section II. Filer Information**

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:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please explain why you have filed on behalf of the complainant: \_\_\_\_\_

Have you secured the permission of the aggrieved party if you are filing on behalf of a third party: \_\_\_\_\_ Yes \_\_\_\_\_ No

### Section III. Complaint Details

What is the basis for this complaint?

\_\_\_\_\_ I requested, but was not provided, a reasonable accommodation.

\_\_\_\_\_ I requested and was provided accommodation, but the accommodations were not what I asked for.

\_\_\_\_\_ I requested an accommodation, but Fulton County Rehabilitation Center, Inc. did not respond in a timely fashion.

\_\_\_\_\_ I requested an accommodation, but believe my request was unfairly denied.

\_\_\_\_\_ Other (*please explain*): \_\_\_\_\_

What is the nature of the complainant's disability? \_\_\_\_\_

Is your complaint based on an event from a specific date? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" above, what was that date? \_\_\_\_\_

Please explain as clearly as possible why you think that Fulton County Rehabilitation Center, Inc. did not provide a reasonable modification of services and/or policies to support your mobility needs. If Fulton County Rehabilitation Center, Inc. failed to respond to your request in a timely fashion please provide initial date of contact, the original request, and when Fulton County Rehabilitation responded. If you believe Fulton County Rehabilitation Center, Inc. has unfairly denied your request, please state the reasons why. If applicable, list all persons who were involved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you filed this complaint with any other agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" above, please list what type of agency where the other complaint was filed:

\_\_\_\_\_ Federal Agency \_\_\_\_\_ State Agency \_\_\_\_\_ Civil Court \_\_\_\_\_ None

#### **Section IV. Signature**

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this form to: Fulton County Rehabilitation Center, Inc.

Attention: Program Director

500 North Main Street

Canton, IL. 61520

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