Reasonable Accommodation Complaint Form

Janus Developmental Services, Inc. dba Hamilton County Express

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone (Work):			
Electronic Mail Address:					
Accessible Format	Large Print		Audio Tape		
Requirements? Section II:	TDD Ot		Other		
			Voo*	No	
		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 ob	grieved	Yes	No		
party if you are filing on behalf of a third party.					
Section III:					
Explain as clearly as possible what happened and why you believe you were discriminated against in obtaining a					
reasonable accommodation. Des the person(s) who discriminated					
more space is needed, please us		as names and	contact information	of any withesses. If	
Section IV					
Have you previously filed a reasonable accommodation complain agency?		aint with this	Yes	No	
~ ~go _j .					

Section V	
Have you filed this complaint with any other Federal, St	ate, or local agency, or with any Federal or State court?
[] Yes [] No	
If yes, check all that apply:	
[] Federal Agency:	
[] Federal Court	[] State Agency
[] State Court	[] Local Agency
Please provide information about a contact person at the	e agency/court where the complaint was filed.
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	
You may attach any written materials or other in complaint. Signature and date required below:	nformation that you think is relevant to your
Printed Name	
Signature	Date
Please submit this form in person at the addres	s below, or mail this form to:
Title VI Coordinator Janus Developmental Services, Inc. dba Hamilt 1555 Westfield Road Noblesville, IN 46062	on County Express