

Sycamore Services, Inc. dba LINK Hendricks County

Reasonable Modification Program Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
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:				
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 a third party.			Yes	No
Section III:				
Date that Reasonable Modification was Denied (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you should have received the modification 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.				
Section IV:				
Have you previously filed a complaint with this agency?			Yes	No

Signature and Date Required. Please submit the form in-person, via mail or via email.

Signature

Date

Sycamore Services Inc. dba LINK Hendricks County c/o Sycamore Services, Inc. HR/QA Director, LaDonna Everroad, at Sycamore Services, Inc. Corporate office, 1001 Sycamore Lane, Danville Indiana 46122. Contact number: 1-866-573-0817
Email: lrbrinkman@sycamoreservices.com

If information is needed in another language or mode of communication, then contact: 1-866-573-0817. For Hearing Impaired or Spanish, call Relay Indiana: Dial 711

Si se necesita información en otro idioma o modo de comunicación, a continuación, póngase en contacto con: 1-866-573-0817. Para personas con problemas auditivos o español, llamada de retransmisión Relay Indiana: Marque 711