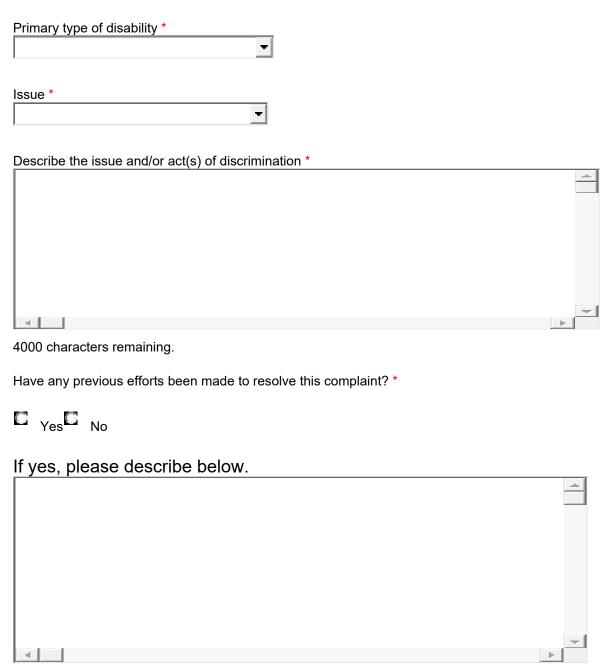


Americans with Disabilities Act Discrimination and Complaint Form

104 Monroe Street Suite 2 Delta, Ohio 43515

Please complete this form. Fields marked with an asterisk (*) are required. If you wish to send attachments, you may do so after submitting this form. You will receive a response email after you have submitted this form that will contain a complaint reference number and instructions on how you may send attachments.

Person filling out this form	
irst Name *	_
Middle	
ast Name *	-
uffix	
Address *	
City *	
itate * ▼	
IP *	
Telephone * (preferred) Timail *	-
Person(s) discriminated against (if other than the complainant):	
Relationship:	
Date of the occurrence:	



4000 characters remaining.

This form may submitted directly online, or copied and mailed to our office (Attn: Program Director). The form may also be submitted by phone by calling 419-822-3556 and asking to speak with the Program Director. Once the complaint has been thoroughly investigated you will receive a confirmation of the resolution to this matter.

Thank you in advance for bringing this matter to our attention.