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| 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 thethe 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 aggrievedparty if you are filing on behalf of a third party. | * Yes
 | * No
 |
| **Section III:** |
| Have you previously filed a Complaint with this agency? | * Yes
 | * No
 |
| If yes, please provide any reference information regarding your previous complaint. |
| **Section V:** |
| Please describe in detail the nature of your complaint with Wells County Council on Aging / Wells on Wheels, and provide as much detail as possible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Section VI:** |
| Name of agency complaint is against: |
| Name of person complaint is against: |
| Title: |
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| Location: |
| Telephone Number (if available): |

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| You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are **required** below: Signature Date**Please submit this form in person at the address below, or mail this form to:**Wells on Wheels Terri Stacy, Transportation Program Manager225 W Water StreetBluffton, IN 46714(260) 824-1070, terri@wellsonwheels.com A copy of this form can be found online at: [www.councilonaginginc.com](http://www.councilonaginginc.com) |