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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 the  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:** | | | | | |
| 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: | | | | | |
| |  | | --- | | Location: | | Telephone Number (if available): | | | | | | |
| 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 Manager  225 W Water Street  Bluffton, 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) | | | | | |