



Mountain Mobility
Reasonable Modification
Complaint Intake Form

DATE:

Last Name		First Name		Race	Gender/Sex <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address			City	State	Zip
Business Name (if appropriate)			E-mail Address		
Home Telephone:		Preferred Method Contact		Best time to call	
Work Telephone:		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> AM	
Fax:		<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> PM	

Describe Your Issue/Concern: *(Include who was involved, what was said, what happened, and when it occurred (date and time)).*

Have you discussed this issue with any Mountain Mobility Representative? If yes, provide the name, position, and date of discussion.

Briefly explain what remedy, or action, you are seeking.

_____	_____
Complainant's Signature	Interviewer's Initials
_____	_____
Date	Date

Management Use Only

_____	_____
Date Complaint Received	Processed by (initials)
<input type="checkbox"/> The complaint will be investigated, logged, and addressed according to policy guidelines.	
<input type="checkbox"/> The complainant does not wish to have any action taken. The complaint will be placed in an inactive status if no further action is requested within <u>30 calendar days</u> .	
Follow-Up Action Taken:	