

Coles County Council on Aging (CCCoA) ADA Complaint Form/Reasonable Modification Request Form

CCCoA is committed to providing safe, reliable, courteous, accessible and user-friendly services to its customers. To ensure quality and fairness, CCCoA is committed to making reasonable modifications to its policies, practices, and procedures to avoid discrimination and ensure programs and services are accessible to individuals with disabilities. Complaints regarding ADA Policy and/or Reasonable Modification request can be made by using this form, contacting us by phone, or by using our online ADA Complaint and Reasonable Modification Request Form on our websites (lifespancer.org and dialaridetransit.org).

Preferred Contact Method (select one): Email Phone US Mail

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Telephone: _____

Email Address: _____

Briefly describe your ADA complaint or reasonable modification complaint in order to use the bus service:

Please send this form via US Mail, or email using the contact information below. You may attach any written materials or other information that you think is relevant to your complaint to this form

CCCoA Executive Director Contact Information

US Mail
ATTN: Executive Director
Coles County Council on Aging
11021 ECR 800 North
Charleston, IL 61920

Phone
(217) 639-5150

Email
contactus@lifespancer.org