

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES ACCOMMODATION REQUEST

INSTRUCTIONS

- If you believe that because of a disability you are not able to carry out an essential function of your job or, as an individual receiving services from ACCMHS, you are not able to fully participant in services being provided please help us by letting us know. For addressing an issue the quickest, it is suggested that employees talk to his/her immediate supervisor and that an individual receiving services talk to his/her primary clinician assigned to their case
- If this does not work out to your satisfaction, or if you would prefer an alternative means, we ask that you complete the form below. Keep a copy for yourself and send a copy to:

for employee related issues:
 Human Resources
 Nan Lawrence, CSB
 269-673-3384 ext. 2731

for consumer related issues:
 ACCMHS Customer Services
 3285 122nd Ave
 Allegan, MI 49010
 269-686-5124

- You will be contacted within five (5) business days after this form is received. The outcome of the review will be communicated to you within thirty business (30) days of the receipt of this form.
- Using this form and process does not impair your right to pursue other remedies, such as the filing of an ADA complaint with the responsible federal department or agency.

Your Name: _____

Address: _____

Telephone number where you can be reached: _____

Where is the issue occurring? (name of program/location):

When did the problem first occur? (date and time): _____

Describe your need and request for an accommodation:

NAME OF PERSON ASSISTING WITH FORM (IF ANY)

YOUR SIGNATURE

DATE

DATE

Response to requestor: _____

Signature and date: _____