

## LIFE Geisinger ADA complaint form

LIFE Geisinger will assure that no qualified individual shall, on the basis of their disability, be excluded from participation in, be denied benefits of or be subjected to discrimination under any of its programs, services or activities as provided by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

Any person believing they have been discriminated against based on disability should visit [Geisinger.org/LifeGeisinger](https://www.geisinger.org/LifeGeisinger) or one of the below to complete the ADA complaint form:

LIFE Geisinger  
Center Manager  
1100 Spruce St.  
Kulpmont, PA 17834

LIFE Geisinger  
Center Manager  
106 N. Derry Heights Blvd.  
Lewistown, PA 17044

LIFE Geisinger  
Center Manager  
2 Lewis St.  
Minersville, PA 17954

LIFE Geisinger  
Center Manager  
592 S. Main St.  
Wilkes-Barre, PA 18701

The completed form can also be mailed to any address listed above or emailed to:  
[bcoolbaugh1@geisinger.edu](mailto:bcoolbaugh1@geisinger.edu).

### Section I

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Accessible format requirements? ☐ Large print ☐ TDD ☐ Audio tape ☐ Other: \_\_\_\_\_

Are you filing this complaint on your own behalf?

☐ Yes\* ☐ No

\*If you answered "yes" to this question, go to Section III. If you answered "no," what are the name and relationship of the person for whom you are filing? \_\_\_\_\_

Explain why you are filing for a third party: \_\_\_\_\_

Confirm that you have the permission of the aggrieved party if you are filing on behalf of a third party.

☐ Yes ☐ No

### Section III

Date of incident (month, day, year): \_\_\_\_\_

Describe the alleged disability discrimination incident. Explain what happened, how you were discriminated against, and all persons who were involved. Include the name of the person(s) who discriminated against you (if known), as well as the names and contact information of any witnesses. If you need more space, attach a separate sheet to this form.

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### Section IV

Have you previously filed an ADA complaint with this agency?

☐ Yes ☐ No

### Section V

Have you filed this complaint with any other federal, state or local agency, or with any federal or state court?

☐ Yes ☐ No

If yes, check all that apply:

☐ Federal agency: ☐ Federal court: ☐ State court:

☐ State agency: ☐ Local agency:

Provide contact information for the agency/court where the complaint was filed.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Section VI

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

You may attach any written materials or other information relevant to your complaint.

Be sure to sign and date below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_