



Accessibility Barrier Report

PLEASE FILL OUT THIS FORM TO REPORT ANY BARRIER YOU NOTE TO ACCESSING SERVICES AT RECOVERY TECHNOLOGY LLC.

Name: _____ Date: _____

Address: _____

Telephone: _____

Please identify your relationship to Recovery Technology LLC.

Staff

Visitor

Consumer

Other

Please describe the barrier to accessing services at Recovery Technology LLC. (Please be specific)

Location:

Describe the barrier:

Have you talked to someone at Recovery Technology LLC about this barrier already? Yes No

If yes, please tell us whom you spoke with (Name):

Have you made any other contacts to try to resolve the problem? Yes No

If yes, please tell us whom you have contacted (Name):