

OFFENDER REQUEST FOR ADMINISTRATIVE REVIEW OF REASONABLE ACCOMMODATION/MODIFICATION REQUEST

INSTRUCTION: Submit this request within 5 working days of receipt of the decision on your complaint. See backside of this form for appeal process

OFFENDER NAME	DOC NUMBER	DATE OF REQUEST
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ADDRESS	TELEPHONE NUMBER (include area code)
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APPEAL SEQUENCE Field Supervisor ADA Coordinator Division Administrator

STATEMENT OF COMPLAINT Please provide detailed, specific information about your request for accommodation and attach copies of all medical documentation.

YOUR AGENT'S NAME

Names and addresses of other persons having information about this complaint.

NAME	TELEPHONE NUMBER (include area code)
ADDRESS	

NAME	TELEPHONE NUMBER (include area code)
ADDRESS	

NAME	TELEPHONE NUMBER (include area code)
ADDRESS	

OFFENDER SIGNATURE	DATE SIGNED
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DCC shall ensure that an offender with a disability is able to participate in the programs, services or activities of daily living with the same opportunity as other offenders. This can be accomplished by non-structural changes such as relocating a program, service or activity to an accessible area, use of "auxiliary aids and services", or by modification of its policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of, or due to the disability.

Appeal:

If the ADA reasonable accommodation request is denied, the offender has the right to appeal the denial using the DOC 4052, Offender Request for Administrative Review of a Reasonable Modification/Accommodation Request. These appeals shall be submitted within 5 working days of receipt of the decision to the Field Supervisor, with a copy to the DCC ADA Coordinator.

The supervisor shall investigate within 10 working days of receipt of the complaint, obtaining information from the agent and then interviewing the offender. Within 5 working days after the supervisor's investigation is complete, the supervisor shall issue a written decision stating the reasons for it. If the appeal decision is to overturn the agent's decision and grant the accommodation then the appeal decision shall be documented and communicated to the agent, the offender and the ADA Coordinator. If the appeal decision is to deny the complaint, then prior to issuing the appeal decision, the field supervisor shall consult the Regional Chief and the DCC ADA Coordinator to assure the denial decision is in keeping with division policy and ADA law.

Offenders under community supervision have the right to appeal a denial of a reasonable accommodation to the DCC ADA Coordinator who shall discuss these appeals with the DOC ADA Advisory Committee for final action. The appeal should include copies of the Request for Reasonable Modification/Accommodation, DOC 4051; the Offender Request for Administrative Review of the Reasonable Modification/Accommodation Request, DOC 4052; the supervisor's written decision, and any medical documentation. Appeals may be sent to the DCC ADA Coordinator at: Wisconsin Department of Corrections, Attn: DCC ADA Coordinator, 3099 E. Washington Ave, Madison, WI 53707-7925. A written decision shall be issued within 10 days of receipt of the appeal. The written decision shall be provided to the individual requesting the accommodation(s).

The offender always retains the option to appeal the denial of an ADA accommodation to the DCC Administrator, for a final review of all relevant written documentation including the offender's appeal and previous decisions issued by the agent, supervisor and DCC ADA Coordinator. The Administrator shall issue a written decision stating the reasons for the final decision within 10 working days of receipt of the appeal. The offender, agent, supervisor, and ADA Coordinator shall receive copies of the administrator's decision. The Administrator's decision regarding the appeal shall be final. Appeals may be sent to the DCC Administrator at:

**Wisconsin Division of Community Corrections
Attn: DCC Administrator
P. O. Box 7925
3099 E. Washington Avenue
Madison, WI 53707-7925**