ABILITY 's TITLE VI/ADA COMPLAINT FORM:

1. Complainant's Name: 1. Address: 2. City: State: Zip Code: 3. Telephone (include area code): Home () or Cell () Work () - () - 4. Electronic mail (e-mail) address: Do you prefer to be contacted by this e-mail address? () YES () NO 2. Accessible Format of Form Needed? () YES specify:							
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8 Date of Alleged Discrimination (Month. Day. Year):	-	are filir	ng on behalf of a t		•) NO, I do not
	have 7. apply ()Race ()C ()Disability	are filir permis: I belie): Color () (class j	ng on behalf of a t sion. eve that the discri) National Origin (protected by ADA	hird party. () YES mination I experi classes protecte	S, I have perm	nission. (, .

9. Where did the Alleged Discrimination take place?

If information is needed in another language, contact the Director of Community Supports at 636-583-5801 ext. 1225

	the na	Explain as clearly as possible what happened and why you believe that you discriminated against. Describe all of the persons that were involved. Include ame and contact information of the person(s) who discriminated against you own). Use the back of this form or separate pages if additional space is red.					
	11.	Please list all witnesses' names and phone numbers/contact information.					
	Uset	Use the back of this form or separate pages if additional space is required.					
	12.	What type of corrective action would you like to see taken?					
	13.	Have you filed a complaint with any other Federal, State, or local agency, or					
	with a	any Federal or State court? () YES, if yes, check all that apply. () NO					
		1. () Federal Agency (List agency's name)					
		2. () Federal Court (Please provide location)					
		3. () State Court					
		4. () State Agency (Specify Agency)					
		5. () County Court (Specify Court and County)					
		6. () Local Agency (Specify Agency)					
	14.	If YES to question 14 above, please provide information about a contact					
	perso	on at the agency/court where the complaint was filed.					
Name	-	Title:					
Agenc	y:	Telephone: () -					
Addres	ss:						
City:		State: Zip Code:					
Youm	ay atta	ach any written materials or other information relevant to your complaint.					

Signature and date are required:

Signature Date

If you completed Questions 4, 5 and 6, your signature and date is required:

Signature Date