

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: _____ () NO
3. Are you filing this complaint on your own behalf? () YES, If YES, please go to question 7. () NO If no, please go to question 4
4. If you answered NO to question 3 above, please provide your name and address.
1. Name of Person Filing Complaint:
1. Address:
1. City: State: Zip code:
1. Telephone (include area code): Home () or Cell () Work () - () -
1. Electronic mail (e-mail) address:
Do you prefer to be contacted by this e-mail address? () YES () NO
5. What is your relationship to the person for whom you are filing the complaint?
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. () YES, I have permission. () NO, I do not have permission.
7. I believe that the discrimination I experienced was based on (check all that apply): () Race () Color () National Origin (classes protected by Title VI) () Disability (class protected by ADA) () Other (please specify)
8. Date of Alleged Discrimination (Month, Day, Year):
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

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<p>10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i></p>		
<p>11. Please list all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i></p>		
<p>12. What type of corrective action would you like to see taken?</p>		
<p>13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? () YES, if yes, check all that apply. () NO</p> <p>1. () Federal Agency (List agency's name)</p> <p>2. () Federal Court (Please provide location)</p> <p>3. () State Court</p> <p>4. () State Agency (Specify Agency)</p> <p>5. () County Court (Specify Court and County)</p> <p>6. () Local Agency (Specify Agency)</p>		
<p>14. If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed.</p>		
Name:	Title:	
Agency:	Telephone: () -	
Address:		
City:	State:	Zip Code:

You may attach 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