**Ozark Valleys Community Services**

**ADA COMPLAINT FORM**

If you have a complaint about the accessibility of our transit system or believe you have been discriminated against because of your disability, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

Kathy McGraw

**Ozark Valleys Community Services**

310 S Shepherd St

Ironton, MO 63650

P: 573-546-2418 Ext. 1 / F: 573-546-4241

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| --- |
| 1. **Complainant’s name:**
 |
| Address:  |
| City: State: Zip Code: |
| Daytime telephone: ( ) |
| E-mail address: |
| Do you prefer to be contacted via e-mail? ☐ Yes ☐ No |
| 1. **Are you filing this complaint on your own behalf?**

☐ Yes If YES, please go to question 6. ☐ No If NO, please go to question 3. |
| 1. **Please provide your name and address.**
 |
| Name of person filing complaint:  |
| Address:  |
| City: State: Zip Code: |
| Daytime telephone: ( ) |
| E-mail address: |
| Do you prefer to be contacted via e-mail? ☐ Yes ☐ No |
| 1. **What is your relationship to the person for whom you are filing the complaint?**
 |
| 1. **Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf.**

☐ Yes, I have permission. ☐ No, I do not have permission |
| 1. **I believe that the discrimination I experienced was based on** (check all that apply)

☐ Accessibility issue ☐ Discrimination based on disability ☐ Other |
| 1. **Date of alleged discrimination** (Month, Day, Year):
 |
| 1. **Where did the alleged discrimination take place?**
 |
| 1. **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). *Use the back of this form or separate pages if additional space is required.*
 |
| 1. **Please list any and all witnesses’ names and phone numbers/contact information.** *Use the back of this form or separate pages if additional space is required.*
 |
| 1. **What type of corrective action would you like to see taken?**
 |
| 1. **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
 |
| ☐ Federal Agency (List agency’s name) |
| ☐ Federal Court (Please provide location) |
| ☐ State Court |
| ☐ State Agency (Specify agency) |
| ☐ County Court (Specify court and county) |
| ☐ Local Agency (Specify agency) |
| 1. **Please provide information about a contact person at the agency/court where the complaint was filed.**
 |
| Name: Title: |
| Agency: Telephone: ( ) |
| Address |
| City: State: Zip Code: |

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required:

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Signature Date

If you completed Questions 3, 4 and 5, your signature and date is required

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Signature Date