

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

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
2. 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.
3. 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
4. What is your relationship to the person for whom you are filing the complaint?		
5. 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
6. I believe that the discrimination I experienced was based on (check all that apply)		
Accessibility issue	Discrimination based on disability	Other
7. Date of alleged discrimination (Month, Day, Year):		
8. Where did the alleged discrimination take place?		



ADA COMPLAINT FORM

9. 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.

10. 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.



ADA COMPLAINT FORM

11. What type of corrective action would you like to see taken?

12. Have you filed a complaint with any other federal, state, or local agency/agencies/courts? Yes No

If so, please list the agencies in which you filed a complaint and provide their contact information

Signature and date is required:

Signature

Date

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

Signature

Date

If you are unable to complete a written complaint due to a disability or if information is needed in another language we can assist you. Please contact us at 573-474-9446 and ask for the Director of Human Resources.

Please submit your complaint form to the address listed below:

Impact Support Services
Director of Human Resources
2200 Burlington Street
Columbia, MO 65202