**Washington County Board for the Handicapped**

**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:

Kimberly Boyer

Washington County Board for the Handicapped

PO Box 431

Potosi, MO 63664

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| kim@wcsb40.com; Fax: 573-438-2875   1. Complainant’s name:Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| City: State: Zip Code: Click or tap here to enter text. |
| Daytime telephone: (Click or tap here to enter text.) |
| E-mail address: Click or tap here to enter text. |
| 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. Click or tap here to enter text. |
| Name of person filing complaint: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| City: State: Zip Code: Click or tap here to enter text. |
| Daytime telephone: (Click or tap here to enter text. ) |
| E-mail address: Click or tap here to enter text. |
| 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?** Click or tap here to enter text. |
| 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): Click or tap to enter a date. |
| 1. Where did the alleged discrimination take place? Click or tap here to enter text. |
| 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). Click or tap here to enter text. |
| 1. Please list any and all witnesses’ names and phone numbers/contact information. Click or tap here to enter text.  |  | | --- | | 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) Click or tap here to enter text. | | Federal Court (Please provide location) Click or tap here to enter text. | | State Court Click or tap here to enter text. | | State Agency (Specify agency) Click or tap here to enter text. | | County Court (Specify court and county) Click or tap here to enter text. | |
| Local Agency (Specify agency) Click or tap here to enter text. |
| 1. Please provide information about a contact person at the agency/court where the complaint was filed. |
| Name: Title: Click or tap here to enter text. |
| Agency: Telephone: (Click or tap here to enter text. ) |
| Address Click or tap here to enter text. |
| City: State: Zip Code: Click or tap here to enter text. |

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