**L.I.F.E., Inc.**

**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:

**L.I.F.E., Inc. Center for Independent Living Attn: Executive Director**

**725 E. Karsch Blvd.**

**Farmington, MO 63640**

**573-756-4314 OR toll-free at 1-800-596-7273**

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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.
 |
| **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?** |
| 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
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| 1. **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?** |
| **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.* |
| **11. 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)
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| **13. 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:

Signature Date

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

Signature Date