



ADA Policy Statement

Community Support Services of Missouri (CSS) is committed to ensuring that its transportation and other services are accessible to all persons accessing our provided services and strictly prohibits discrimination based on any disability. 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.

ADA Complaint Process

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.

How do you file a complaint?

You may use the form attached to this process to file a signed, dated and written complaint no more than 180 days from the date of the alleged incident.

Please submit your complaint form to the address listed below:

Senior Director of Quality Assurance
Community Support Services of Missouri
809 S. Illinois Ave
Joplin, Mo 64801

Do you need complaint assistance?

If you are unable to complete a written complaint or if information is needed in another format, such as large print, we can assist you. Please contact us at (417) 624-4515.

How will your complaint be handled?

CSS only investigates complaints received no more than 180 days after the alleged incident and that are complete. Once a completed complaint is received, CSS will review it to determine if the complaint is a bona fide ADA complaint. If it is determined not to be an ADA complaint, CSS can assist the individual in determining how to file their complaint.

CSS will generally complete an investigation within 90 days from receipt of a complaint. If more information is needed to resolve the case, CSS may contact you. Unless a longer period is specified by CSS, you will have ten (10) days from the date of the request to send the requested information. If the requested information is not received, CSS may administratively close the case. A case may also be administratively closed if you no longer wish to pursue it.

After an investigation is complete, CSS will send you a letter summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation. If you disagree with the determination of CSS, you may request reconsideration by submitting a request in writing to CSS's President/CEO within seven (7) days



of receipt CSS's letter, stating with specificity the basis for the reconsideration. The President/CEO will notify you of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, the President/CEO will issue a determination letter to the complainant upon completion of the reconsideration review.

Do I have other options for filing a complaint?

We encourage you to file the complaint with us. You may file a complaint with the Missouri Department of Transportation or the Federal Transit Administration.

Missouri Department of Transportation
External Civil Rights Division
Title VI Coordinator
1617 Missouri Blvd.
P. O. Box 270
Jefferson City, MO 65102-0270
www.modot.org

Federal Transit Administration
Office of Civil Rights
1200 New Jersey Avenue SE
Washington, DC 20590



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.

1. Complainant's name:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ()		
Email address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes If YES, please go to question 6. <input type="checkbox"/> 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: ()		
Email address:		
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission		
6. I believe that the discrimination I experienced was based on (check all that apply) <input type="checkbox"/> Accessibility issue <input type="checkbox"/> Discrimination based on disability <input type="checkbox"/> Other		
7. Date(s) of alleged discrimination:		



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?



12. 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)

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