

empower: abilities

CIVIL RIGHTS / ADA COMPLAINT FORM

3345 S. Campbell Ave. • Springfield, MO 65807 • 417-886-1188 • HR@empowerabilities.org

Use this form to report alleged discrimination or accessibility concerns involving empower: abilities transportation programs or services. This form may be used for complaints under Title VI of the Civil Rights Act of 1964 or the Americans with Disabilities Act (ADA). Assistance, accessible formats, and communication supports are available upon request.

1. COMPLAINANT INFORMATION

Name:	Phone:
Address:	Email:
City, State, ZIP:	Preferred method of contact:
Preferred language:	Best time to contact:

Are you filing on behalf of another person? ☐ No ☐ Yes

If yes, person affected and your relationship to that person:

2. TYPE / BASIS OF COMPLAINT

Check all that apply:

Title VI: ☐ Race ☐ Color ☐ National Origin

ADA: ☐ Disability discrimination ☐ Denial/unequal access ☐ Reasonable modification

☐ Vehicle/accessibility equipment ☐ Effective communication/assistance

☐ Other disability-related concern: _____

3. INCIDENT INFORMATION

Date of incident:	Approximate time:
Location:	Program/service involved:

Name(s)/title(s) of employee, agent, contractor, or other person involved, if known:

Describe what happened. Include relevant actions or statements, how you were affected, and why you believe the incident involved discrimination, unequal access, or an ADA-related accessibility issue.

4. WITNESSES AND SUPPORTING INFORMATION

Witness name(s) and contact information, if any:

Supporting documents attached: ☐ Emails/messages ☐ Photos ☐ Letters/notices ☐ Other:

5. REQUESTED RESOLUTION

What resolution or corrective action are you requesting, if any?

6. OTHER COMPLAINTS

Have you filed a complaint about this incident with another agency or organization? ☐ No ☐ Yes

If yes, agency/organization: _____ Date filed: _____

7. CERTIFICATION AND SIGNATURE

I certify that the information provided is true and accurate to the best of my knowledge. I understand that empower: abilities may contact me for information needed to review this complaint.

Signature:	Date:
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SUBMISSION, DEADLINES, AND ASSISTANCE

Submit this form to empower: abilities at 3345 S. Campbell Ave., Springfield, MO 65807; 417-886-1188; or aftonh@empowerabilities.org. ADA complaints may also be submitted in person, by telephone, email, or another accessible method arranged with empower: abilities.

Title VI: Complaints must be filed within 180 days following the alleged discriminatory occurrence.

ADA: Complaints should generally be submitted within 180 days. empower: abilities may accept an ADA complaint after 180 days when circumstances warrant an extension or when necessary to ensure equitable access to the complaint process.

Accessible formats, reasonable assistance, communication aids/services, and language assistance are available upon request.

FOR EMPOWER: ABILITIES USE ONLY

Date received:	Received by:
Complaint classification: ☐ Title VI ☐ ADA ☐ Both	Case/complaint number:

Assigned to:	Date acknowledgment sent:
MoDOT notification required? ☐ No ☐ Yes	If yes, date notified:

Investigation / disposition / corrective action / response notes:

Date response issued: _____ **Date closed:** _____