Willows Way 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:

Chief Program Officer | Gabrielle Miller
Willows Way, Inc.
800 Friedens Rd, St. Charles, MO 63303
gabriellem@willowsway.org

PLEASE PRINT

1. Complainant's Name: _____
   a. Address: _____
   b. City: _____ State: _____ Zip Code: _____
   c. Telephone (include area code): ☐ Home or ☐ Cell (____) _____-_____
      Work (____) _____-_____
   d. Electronic mail (e-mail) address: _____@_____
      Do you prefer to be contacted by this email address? ☐ 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.
   a. Name of person filing complaint: _____
   b. Address: _____
   c. City: _____ State: _____ Zip Code: _____
   d. Telephone (include area code): ☐ Home or ☐ Cell (____) _____-_____

e. Electronic mail (e-mail) address: _____@_____

Do you prefer to be contacted by this email address? ☐ 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 if you are filing on behalf of a third party:

☐ YES, I have permission ☐ NO, I do not have permission

6. I believe 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 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 back of this form or separate pages if additional space is required.*

11. Please list any and all witnesses' names and phone numbers/contact information.

Use back of this form or separate pages if additional space is required.

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

13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? ☐ No ☐ Yes (check all that apply:)

☐ Federal Agency (list agency name): _____

☐ Federal Court (provide location): _____

☐ State Court

☐ State Agency (specify agency): _____

☐ County Court (specify court and county): _____

☐ Local Agency (specify agency): _____

14. 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