ADA / SECTION 504 PROGRAM COMPLAINT

INFORMATION & INSTRUCTIONS

The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 protect qualified individuals with disabilities from discrimination in programs, services, and activities receiving federal financial assistance. This complaint process is intended to provide a method for members of the public to report and resolve concerns involving accessibility or disability discrimination.

SECTION 1: COMPLAINANT INFORMATION

NAME (first, mi, last)	**MAILING ADDRESS**
CITY / STATE / ZIP	**PREFERRED METHOD OF CONTACT**
Home Phone	**Email**
TYPE OF DISABILITY (check all that apply)	**ATTORNEY REPRESENTATION FOR THIS COMPLAINT (if any)**
Attorney Name / Firm	**Attorney Address / City / State / ZIP**
Attorney Phone / Email	

TYPE OF DISABILITY: ☐ Speech ☐ Mobility ☐ Hearing ☐ Mental/Emotional ☐ Visual ☐ Other: _____

SECTION 2: INCIDENT DETAILS

Select each item applicable to the denied access or accessibility concern:

☐ Public Rights-of-Way ☐ Program / Service ☐ Activity ☐ Other: _____

Provide a detailed explanation of the denied accessibility incident. Include dates, location, time, what occurred, and the nature of the accessibility concern. If there were witnesses, provide their names, addresses, and phone numbers.

SECTION 3: GOVERNMENT, ORGANIZATION, OR INSTITUTION BELIEVED TO HAVE DISCRIMINATED

COMPANY / ORGANIZATION NAME	**STREET ADDRESS**

MAILING ADDRESS (if different)	CITY / STATE / ZIP
PHONE	PERSON COMPLAINANT SPOKE WITH / TITLE (if known)
PROPOSED RESOLUTION OR ACCOMMODATION (What remedy is being requested? Be specific.)	

Have you filed this complaint with any other federal, state, or local agency or with any federal or state court?

☐ Yes ☐ No

AGENCY NAME	DATE
PERSON / TITLE COMPLAINT DIRECTED TO	CASE / REFERENCE NUMBER (if applicable)

SECTION 4: SIGNATURE AUTHORIZATION & ADDITIONAL INSTRUCTIONS

By signing below, I acknowledge that the information provided on this form is true and accurate to the best of my knowledge, and I understand that I may be contacted by an authorized representative of the organization regarding this complaint.

SIGNATURE	DATE
PRINTED NAME	PHONE / EMAIL

RETURN THIS FORM TO:

Daniel Boone Community Action Agency, Inc.
Whitney Arnett
1535 Shamrock Road, Manchester, KY 40962
(606) 366-7433 whitney.arnett@danielboonecaa.org

Daniel Boone CAA, Inc. does not discriminate on the basis of disability in admission to, access to, or participation in its programs, services, or activities, or in any aspect of its operations. This notice is provided pursuant to Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. Questions, complaints, or requests for additional information regarding ADA and Section 504 may be directed to the ADA / Section 504 Coordinator listed above.

This form is based on the structure and substantive categories of the Kentucky Transportation Cabinet's ADA/Section 504 Program Complaint form, but has been recreated as an organization-neutral, customizable Word form.