

Daniel Boone Community Action Agency ADA/Section 504 Program Complaint

Information and Instructions:			
ADA/Section 504 of the Rehabilitation Act of 1973 forbids denying qualified individuals with disabilities to participate in any programs receiving federal financial assistance. The complain process is designed for members of the public to resolve conflicts with the Daniel Boone Community Action Agency (DBCAA) involving allegations of discrimination in access to HCCAA programs, services, and activities for persons with disabilities pursuant to the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.			
SECTION 1: COMPLAINANT INFORMATION:			
NAME: (first, mi, last)		MAILING ADDRESS:	
CITY	STATE	ZIP	
TYPE OF DISABILITY:		PREFERRED METHOD OF CONTACT	
<input type="checkbox"/> Speech <input type="checkbox"/> Mobility <input type="checkbox"/> Hearing <input type="checkbox"/> Mental/Emotional <input type="checkbox"/> Visual <input type="checkbox"/> Other		<input type="checkbox"/> Home Phone:	
		<input type="checkbox"/> Email Address:	
		<input type="checkbox"/> Cell:	
		Other:	
ATTORNEY REPRESENTATION FOR THIS COMPLAINT: (if any)			
Name: (first, mi, last)		Firm Name:	
Street Address:		Phone Number:	
City, State, Zip:		Email Address:	
SECTION 2: INCIDENT DETAILS:			
Select each of the following that is applicable to the denied access of complainant:			
<input type="checkbox"/> Public Rights-of-Way <input type="checkbox"/> Program <input type="checkbox"/> service <input type="checkbox"/> Activity <input type="checkbox"/> Other			
Provide a detailed explanation of the denied accessibility incident. Provide dates, location, and time. If there are witnesses, provide names, addresses, and phone numbers for each witness.			

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SECTION 2: INCIDENT DETAILS (cont.)
SECTION 3: GOVERNMENT, ORGANIZATION, OR INSTITUTION BELIEVED TO HAVE DISCRIMINATED:
Company Name:
Street Address:
Phone: Person Compliant Spoke with & Title:
PROPOSED RESOLUTION OR ACCOMODATION (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 DATE:
AGENCY NAME:
PERSON/TITLE COMPLAINT DIRECTED TO:

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SECTION 4: SIGNATURE AUTHORIZATION AND ADDITIONAL INSTRUCTIONS

By giving my signature below, I acknowledge that the information provided on this form is true and accurate to the best of my knowledge, and I accept that I may be contacted by a HCCAA Office for Civil Rights and Small Business Development official regarding this complaint.

Signature: _ _ _ _ _

Date: _ _ _ _ _

Return this form to:

Daniel Boone Community Action Agency
Attn: Mona Whitaker, Deputy Director
115 Shamrock Road, Manchester KY. 40962

DBCBA does not discriminate on the basis of disability in admission of its programs, services, or activities; in access to them, in treatment of individuals with disabilities, or in any aspect of their operations. DBCBA also does not discriminate on the basis of disability in its hiring or employment practices.

This notice is provided as required by 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 the ADA and Section 504 may be addressed to:

Daniel Boone Community Action Agency
Attn: Mona Whitaker, Deputy Director
115 Shamrock Road, Manchester, KY. 40962

This notice is available in large print, on audio tape, and in Braille upon request to the ADA Coordinator.