

Arrowhead West Inc.
ADA Complaint Form

The purpose of this form is to assist you in filing a complaint of noncompliance with the American with Disabilities (ADA) or the American with Disabilities Act Amendment Act (ADAAA) including ADA complaints about transportation provided to AWI Clients by Arrowhead West, Inc. You are not required to use this form; a letter containing the same information will be sufficient.

Section I

Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

E-Mail Address: _____

Accessible Format Requirements: (if any)	Large Print	Yes	Audio Tape	Yes
	TDD	Yes	Other	Yes

Section II

Are you filing this complaint on your behalf? Yes* No

*If you answered "Yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

Section III

Date of Alleged Incident (Month, Day, Year): _____

Mobility aid used (if any): _____

Time and location of the incident: _____

Vehicle ID number (if involved): _____

Names of agency employee(s) or _____

other who witnessed the event: _____

Description of what transpired. Explain as clearly as possible what happened. Describe all persons who were involved including their name and contact information as well as names and contact information of any witnesses. If more space is needed, please attach an additional sheet(s).

Section IV

Have you previously filed an ADA or ADAAA complaint with this agency?	Yes	No
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Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	Yes*	No
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*If yes, check all that apply:

Federal Agency:	Federal Court:
State Agency:	State Court:
Local Agency:	

Please provide information about a contact person at the agency/court where the complaint was filed:

Name: _____
Title: _____
Agency: _____
Address: _____
Telephone: _____

Section VI

Name of agency complaint is against: _____
Contact Person: _____
Title: _____
Telephone: _____

You may attach any written materials, photographs or other information that you think is relevant to your complaint.

Signature and date required below.

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Arrowhead West, Inc.
1100 East Wyatt Earp Boulevard
Dodge City, KS 67801
ATTN: Human Resource Manager