

SERVE, Inc.
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:

SERVE, Inc.
Attn: Courtney Harrison
4901 County Rd. 304
Fulton, MO 65251
courtney@serveinc.net
Fax: 573-642-2191

1. Complainant's name:
Address:
City: State: Zip Code:
Daytime telephone: ()
E-mail address:
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes If YES, please go to question 6. <input type="checkbox"/> No If NO, please go to question 3.
3. Please provide your name and address.
Name of person filing complaint:
Address:
City: State: Zip Code:
Daytime telephone: ()
E-mail address:
Do you prefer to be contacted via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> 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 to file a complaint on their behalf. <input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission
6. I believe that the discrimination I experienced was based on (check all that apply) <input type="checkbox"/> Accessibility issue <input type="checkbox"/> Discrimination based on disability <input type="checkbox"/> Other
7. Date of alleged discrimination (Month, Day, Year):
8. Where did the alleged discrimination take place?

