Northwest Missouri Industries, 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:

Director
Northwest Missouri Industries, Inc.
18671 Industrial Rd
nwmia@rpt.coop

1. Complainant's name:
Address:
City: State: Zip Code:
Daytime telephone: ( )
E-mail address:
Do you prefer to be contacted via e-mail? ☐ 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. Name of person filing complaint:
Address:
City: State: Zip Code:
Daytime telephone: ( )
E-mail address:
Do you prefer to be contacted via e-mail? ☐ 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 to file a complaint on their behalf. ☐ Yes, I have permission. ☐ No, I do not have permission
6. I believe that 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 that 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 the back of this form or separate pages if additional space is required.*

10. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.*

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

12. Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court? ☐ Yes If yes, check all that apply. ☐ No

☐ Federal Agency (List agency's name)

☐ Federal Court (Please provide location)

☐ State Court

☐ State Agency (Specify agency)

☐ County Court (Specify court and county)

☐ Local Agency (Specify agency)

13. 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