

Complaint Form

Lakemary Center, Inc. Title VI / ADA / Complementary Paratransit Complaint Form

The purpose of this form is to assist you in filing a complaint with Lakemary Center, Inc. You are not required to use this form; a letter containing the same information will be sufficient.

For questions about Lakemary Center, Inc.'s Americans with Disabilities Act (ADA) complaint procedures or complaint form contact the Transportation Coordinator, by telephone (913-557-4000), email (Transportation@lakemary.org), by mail to or in person at (Lakemary Center, Inc., 100 Lakemary Dr., Paola, KS, 66071).

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	TDD		Other
Section II:			
Are you filing this complaint on your own 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:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No

(Continued on next page)

Section III:

I believe the discrimination I experienced was based on (check all that apply):

- Race Color National Origin Age
- Disability Accessibility Issue Other (specify) _____

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

Time of Day: _____

Location: _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional pages.

(Continued on next page)

Witness(es): YES NO

List Witness(es): *(Attach a separate sheet, if necessary)*

(1) Name:

Phone Number: ()

(2) Name:

Phone Number: ()

(3) Name:

Phone Number: ()

(4) Name:

Phone Number: ()

(Continued on next page)

Section IV		
Have you previously filed an <input type="checkbox"/> ADA or <input type="checkbox"/> Title VI complaint with this agency?	Yes	No
Section V		
<p>Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Federal Agency: _____</p> <p><input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____</p> <p><input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____</p>		
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 number:		

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You may attach any written materials 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:

ADA Coordinator
Lakemary Center, Inc.
100 Lakemary Dr.
Paola, KS, 66071

INTERNAL USE ONLY

To be completed by Title VI Compliance Officer

Accepted for formal Investigation ____/____/____

Referred to another department on ____/____/____

Rejected ____/____/____

Reason for Rejection:

(Agency Contact), Title VI Compliance Officer

Date