



Guadalupe Centers

Americans With Disabilities Act Discrimination Complaint Form

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

If information is needed in another language, please contact Shirley Folch at 816-421-1015.

Si necesita información en otro idioma, comuníquese con Shirley Folch al 816-421-1015.

Please mail or return this form to:

Shirley Folch, HR Director
1015 Avenida Cesar E Chavez
KCMO 64108
Email: sfolch@guadalupecenters.org
Phone: 816-421-1015
Fax: 816-421-1001

Complainant's name: _____

Address: _____

City/State/Zip Code: _____

Telephone: Home _____ Business _____

Person Discriminated Against (if other than Complainant): _____

Address: _____

City/State/Zip Code: _____

Telephone: Home _____ Business _____

Agency which you believe has discriminated:

Name: _____

Address: _____

City/State/Zip Code _____

Telephone Number: _____

What date did the discrimination occur: _____

Have efforts been made to resolve this complaint through the internal grievance procedure of the agency?

Yes No

If yes, What is the status of the grievance? _____

Has this complaint been filed with the Department of Justice or any Federal, State or Local civil rights agency or court?
Yes No

If Yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City/ State/ Zip Code: _____

Telephone Number: _____ Date Filed: _____

Do you intend to file with another agency or court? Yes No

If Yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City/ State/ Zip Code: _____

Telephone Number: _____

Additional Space for answers: _____

Signature Date

Return to: Shirley Folch, HR Director, sfolch@guadalupecenters.org or by fax at 816-421-1001

Complaint noted. Action Taken? Yes No Comments: _____

Agency Representative Signature Date