



Complaint Process and Complaint Form

United Disability Services Statement:

United Disability Services, (UDS), is committed to offering safe, dependable, high quality customer focused programs and services. UDS operates its programs and services without regard to race, color, religion, sex, disability or national origin. Under Title VI of the Civil Rights Act, we will not discriminate based on race, color or national origin.

Complaint Process/Instructions:

If you feel that you have a complaint regarding any programs or services offered by UDS, or feel that you have been discriminated against, you have the right to file a complaint for review with United Disability Services. **For Title VI discrimination complaints, please also complete pages 2-3.**

To submit a complaint, please complete this form and return it in person or by mail to: **United Disability Services, 701 S. Main St. Akron, OH 44311.**

1. Full Name (Complainant):

2. Phone (with area code), email address:

3. Home Address (Street #, City, State, Zip Code):

4. What is the nature of the complaint/incident. If more space is needed, please use the back of this form:

5. Specific location where the complaint/incident took place:

6. Date of complaint/incident (or date range, if it took place over a period of time):

7. Please sign below. You may attach any written or other information to your complaint that you think is relevant.

Signature

Date

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint, along with their contact information:

13. Have you filed this complaint with any federal, state or local agency, or with any federal or state court? Yes No

If yes, give the approximate date and check all that apply: Date: _____

Federal Agency Federal Court State Agency State Court Local Agency

Please provide the name and phone number of the contact person at the agency or court where the complaint was filed:

14. **For Title VI complaints**, please sign below. You may attach any written or other information to your complaint that you think is relevant.

Signature

Date