

ADA/ Title VI 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.	1. Full Name (Complainant):	
2.	Phone (with area code), email address:	
3.	3. Home Address (Street #, City, State, Zip Code):	
4.	What is the nature of the complaint/incident. If more space is ne back of this form:	eded, please use the
5.	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.	7. Please sign below. You may attach any written or other informat that you think is relevant.	tion to your complaint
	Signature	

If this is a Title VI discrimination complaint, please complete the following:

For transportation related Title VI matters, complainants may also file directly with Metro RTA, 416 Kenmore Boulevard, Akron, OH 44301 or the Federal Transit Administration Office of Civil Rights, Attention: Title VI Program Coordinator, 1980 West Broad St., Columbus, OH 43223

8.	If applicable, name and title of person(s) who allegedly discriminated against you:	
9.	Basis of the alleged Title VI discrimination: The discrimination experiences was based on (check all that apply): Race	
	□ Color	
	□ National Origin	
10.	Is the alleged activity still on-going? $\ \square$ Yes $\ \square$ No	
11.	In your own words, describe the alleged discrimination. Be sure to include how you believe you were treated differently. If more space is needed, please use the back of this form.	

12.	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? \Box Yes \Box 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	