

UEI'S ADA Complaint Procedures:

If you have a complaint about accessibility services, or believe you have been discriminated against because of your disability, you can file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

How do you file a complaint?

You can call us by phone or mail and request a copy of the form:

United Enterprises, Inc.
618 Industrial Drive
Perryville, MO. 63775
(573)-547-1047

You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number.
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information.
- The names of any persons, if known, whom the director could contact for clarity of your allegations.

Please submit your complaint form to address listed above:

Do you need complaint assistance?

If you are unable to complete a written complaint due to a disability or if information is needed in another language we can assist you. Please contact us at (573) 547-1047 or email us at janetsquibb@unitedenterprises.org

How will your complaint be handled?

United Enterprises, Inc. investigates complaints received no more than 180 days after the alleged incident. United Enterprises, Inc. will process complaints that are

complete. Once a completed complaint is received, United Enterprises, Inc. will review the alleged incident.

United Enterprises, Inc. will generally complete an investigation within 90 days from receipt of the complaint. If more information is needed to resolve the case, United Enterprises, Inc. may contact you. Unless a longer period is specified by United Enterprises, Inc., you will have ten (10) days from the date of the request to send the requested information. If the requested information is not received, United Enterprises, Inc. may determine to close the case. A case may also be closed if you no longer wish to pursue it.

After an investigation is completed, United Enterprises, Inc. will send you a letter summarizing the results of the investigation, stating the findings, and advising of any corrective action to be taken as a result of the investigation. If you disagree with United Enterprises, Inc. determination, you may request reconsideration, by submitting a request in writing to United Enterprises, Inc. Executive Director within seven (7) days from the date of the letter. The Executive Director will notify you of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, the Executive Director will issue a determination letter to the complainant upon completion of the reconsideration review.

Do I have other options for filing a complaint?

We encourage that you file the complaint with us. However, you may file a complaint with the Missouri Department of Transportation or the Federal Transit Administration.

Missouri Department of Transportation

External Civil Rights Division
Title VI Coordinator
1617 Missouri Blvd P.O. Box 270
Jefferson City, Mo 65102-0270

Federal Transit Administration

Office of Civil Rights
1200 New Jersey Avenue SE
Washington, DC 20590

United Enterprises, Inc.

ADA COMPLAINT FORM

If you have a complaint about the accessibility of our transportation services 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:

United Enterprises, Inc.
Attn: Executive Director
618 Industrial Drive
Perryville, MO. 63775
E-mail janetsquibb@unitedenterprises.org
Fax (573)547-7840

Complainant's name:

Address:

City:

State:

Zip Code:

Daytime telephone: ()

E-mail address:

Do you prefer to be contacted via e-mail? Yes No

Are you filing this complaint on your own behalf? Yes No

If YES, please provide the following:

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

What is your relationship to the person for whom you are filing the complaint?

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.

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

- Accessibility issue
- Discrimination based on disability
- Other

Date of alleged discrimination (Month, Day, Year):

Where did the alleged discrimination take place?

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.

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

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

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)

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: _____

Date: _____