

# St. John of God Community Services ALPS Program Title VI/ADA Complaint Concerning Transportation Form

St. John of God Community Services is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by Title II of the Americans with Disabilities Act of 1990 (ADA). ADA complaints must be filed within 180 days from the date of the alleged incident. The following information is necessary to assist us in processing your complaint. If you require assistance in completing this form or you would like to register a verbal complaint, please contact the Director of Quality Assurance at (856)348-4700 ext.1135.

## Name \*

First	MI	Last
-------	----	------

## Phone \*

## Alternate Phone

## Address \*



City	State	Zip Code
------	-------	----------

## Person Preparing Complaint (if applicable)

First	MI	Last
-------	----	------

## Email

## Date of Incident \*



## Description of Alleged Discrimination Incident \*

*Please describe the alleged discriminatory incident, including the location, if applicable. Provide the names and titles of St. John of God Community Services employees involved, if available.*

## Please check which of the following best describes the basis of the alleged discrimination: \*

- Disability
- Race
- Color
- National Origin
- Limited English Proficiency

**Have you filed this complaint with any other Federal, State, or local agencies, or with any Federal or State court? Check all that apply\***

- None
- Federal Agency
- Federal Court
- State Agency
- State Court
- Local Agency
- Other

*Note Well: A complaint may also be filed directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue, S.E. Washington, DC 20590*

**If you have filed a complaint with the aforementioned agencies or court, please provide contact information about a contact person at the agency/court where the complaint was filed.**

First  Last

**Title**

**Address**

Address Line 1

Address Line 2

City  State  Zip Code

**Phone**

**Email**

**By checking this box, you affirm that the information provided is truthful and accurate to the best of your recollection.**

I affirm