BOOTHEEL BEHAVIORAL HEALTH POLICY & PROCEDURE		
Americans Disabilities Act (ADA)	**Update: 10.10.24**	**Policy: 2A-107**

POLICY: Bootheel Behavioral Health operates its programs and services without regard to race, color, or national origin, in accordance with ADA Act of 1990.

If you believe you have been discriminated against on the basis of a physical or mental impairment, you may file an ADA complaint by completing, signing, and submitting the agency's ADA Complaint Form or contact Bootheel Behavioral Health at 573-471-0800.

How to file an ADA complaint with Bootheel Behavioral Health:

1. ADA complaint forms may be obtained from the Bootheel Behavioral Health website and at the front office of each BBH location. In order to file a complaint on you must fill out the complaint form and place it in the comments/suggestion box located at the front window of each Bootheel Behavioral Health location. Complaint forms may also be mailed to Bootheel Behavioral Health, 760 Plantation Blvd, Sikeston, MO 63801.

2. In addition to the complaint process at Bootheel Behavioral Health, complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, Region 7,901 Locust Street, Kansas City, MO 64106 or by calling 816-329-3920.

3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.

4. The form must be signed and dated, and include your contact information.

If information is needed in another language, contact 573-471-0800.

Approved:

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David Terrell, MSW, LCSW, CCDP-D Date
Executive Director
Bootheel Behavioral Health

8.2.23, 6.5.24, 10.10.24

BOOTHEEL BEHAVIORAL HEALTH
ADA COMPLAINT FORM

The Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities in several areas, including employment, transportation, public accommodations, communications, and access to state and local government' programs and services.

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.

Please mail or return this
form to: Compliance
Officer
Bootheel Behavioral Health
760 Plantation Blvd
Sikeston, MO 63801
573-471-0800

PLEASE PRINT

1. Complainant's Name:
a. Address:
b. City: State: Zip Code:
c. Telephone (include area code): Home ( ) or Cell ( ) Work ( ) - ( ) -
d. Electronic mail (e-mail) address:
Do you prefer to be contacted by this e-mail address? ( ) YES ( ) NO
2. Accessible Format of Form Needed? ( ) YES specify: ( ) NO
3. Are you filing this complaint on your own behalf? ( ) YES If YES, please go to question 7. ( ) NO If no, please go to question 4
4. If you answered NO to question 3 above, please provide your name and address. a. Name of Person Filing Complaint:
b. Address:
c. City: State: Zip code:
d. Telephone (include area code): Home ( ) or Cell ( ) Work ( ) - ( ) -
e. Electronic mail (e-mail) address:
Do you prefer to be contacted by this e-mail address? ( ) YES ( ) NO
5. What is your relationship to the person for whom you are filing the complaint?
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. ( ) YES, I have permission. ( ) NO, I do not have permission.
7. I believe that the discrimination I experienced was based on (check all that apply): ( ) Race ( ) Color ( ) National Origin (classes protected by Title VI) ( ) Other (please specify)

continued

8. Date of Alleged Discrimination (Month, Day, Year):
9. Where did the Alleged Discrimination take place?
10. 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.*
11. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.*
12. What type of corrective action would you like to see taken?
13. 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 a. ( ) Federal Agency (List agency's name) b. ( ) Federal Court (Please provide location) c. ( ) State Court d. ( ) State Agency (Specify Agency) e. ( ) County Court (Specify Court and County) f. ( ) Local Agency (Specify Agency)
14. If YES to question 13 above, 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 and date is required:

Signature Date

If you completed Questions 4, 5 and 6, your signature and date is required:

Signature Date

12/10/13