



**REQUEST FOR REASONABLE
ACCOMMODATION PROCEDURE
UNDER THE AMERICANS WITH DISABILITIES ACT**

DISCRIMINATION COMMENT, CONCERN OR COMPLAINT FORM

Instructions: Please fill out this form completely, in ink or type. Sign and return to the address at the bottom of Page 2.

This Request for Reasonable Accommodation Procedure is established to meet the requirements of the Americans with Disabilities Act (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the **City of Republic, Missouri**. The ADA prohibits discrimination against any qualified individual with a disability and provides protections to individuals with disabilities that are at least equal to those provided by the nondiscrimination provisions of Title V of the Rehabilitation Act of 1973. Title V includes Section 504, which covers all public entities including local government and any of its departments, agencies, meetings or other instrumentalities. Title II may not be interpreted to provide a lesser degree of protection to individuals with disabilities than is provided under these laws. Anonymous complaints or grievances will not be accepted. Complaints or grievances will be kept confidential to the greatest extent possible, unless ordered released by a court of competent jurisdiction or when in a request for information made under the Missouri Sunshine Law.

Grievant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Business: _____

Email address: _____

Person discriminated against (if other than the grievant): _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____ Business: _____

Email address: _____

Government, or organization, or institution which you believe has discriminated:

Name: _____

Address: _____

County: _____

City, State and Zip Code: _____

Telephone Number: _____

When did the discrimination occur? Date: _____

Date _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use additional page if necessary): _____

Do you have any recommendations for resolving the issue? _____

Have any other efforts been made to resolve this complaint through the internal grievance procedure of the City of Republic? Yes _____ No _____

If yes: what is the status of the grievance? _____

Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes _____ No _____

If yes: Agency or Court: _____

Agency or Court Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Date Filed: _____

Do you intend to file with another agency or court? Yes _____ No _____

Agency or Court: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Additional space for answers: _____

Signature: _____ Date: _____

Received by: _____ Date: _____

This form may be mailed, faxed, emailed or hand delivered to: City of Republic, ADA Coordinator, 221 N Main Street, Republic, MO 65738; Phone: (417) 732-3400; Fax: (417) 732-3499

email: adacompliance@republicmo.com