

West Vue, Inc.
ADA Information

The **Americans with Disabilities Act of 1990** or **ADA** (42 U.S.C. § 12101) is a civil rights law that prohibits discrimination based on disability. It affords similar protections against discrimination to Americans with disabilities as the Civil Rights Act of 1964,^[1] which made discrimination based on race, religion, sex, national origin, and other characteristics illegal, and later sexual orientation and gender identity. In addition, unlike the Civil Rights Act, the ADA also requires covered employers to provide reasonable accommodations to employees with disabilities, and imposes accessibility requirements on public accommodations.^[2]

Requests for reasonable accommodation can be made to West Vue verbally or in writing to the CEO Office. Contact information below.

ADA Complaint Procedures

If you have a complaint about the accessibility of our 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, download and use our ADA complaint form at www.westvueinc.org or request a copy of the form by writing or phoning West Vue, Inc. 210 Davis Drive, West Plains, MO 65775 (417) 256-2152.

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. (See Question 1 of the complaint form.)
- 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. (See Questions 6, 7, 8, 9, 10, and 11 of the complaint form.)
- The names of any persons, if known, whom the director could contact for clarity of your allegations. (See Question 11 of the complaint form.)

Please submit your complaint form to address listed below:

Tiffany Ellison
West Vue, Inc.
210 Davis Drive, West Plains, MO 65775
tellison@westvueinc.org
Fax: (417) 255-2156

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 format, such as braille or large print, we can assist you. Please contact us at (417) 256-2152 or by email at wvadmin@westvueinc.org.

How will your complaint be handled?

West Vue, Inc. investigates complaints received no more than 180 days after the alleged incident. West Vue, Inc. will process complaints that are complete. Once a completed complaint is received, West Vue, Inc. will review it to determine if West Vue, Inc. has jurisdiction.

West Vue, Inc. will generally complete an investigation within 90 days from receipt of a complaint. If more information is needed to resolve the case, West Vue, Inc. may contact you. Unless a longer period is specified by West Vue, 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, West Vue, Inc. may administratively close the case. A case may also be administratively closed if you no longer wish to pursue it.

After an investigation is complete, West Vue, 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 West Vue, Inc.'s determination you may request reconsideration by submitting a request in writing to West Vue, Inc.'s CEO within seven (7) days after the date of West Vue, Inc.'s letter, stating with specificity the basis for the reconsideration. The CEO 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 CEO 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
www.modot.org

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

West Vue, Inc. ADA COMPLAINT FORM

“No person in the United States shall, on the basis disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

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:

Tiffany Ellison
West Vue, Inc.
210 Davis Drive, West Plains, MO 65775
tellison@westvueinc.org
Fax: (417) 255-2156

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. 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		
3. 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		
4. What is your relationship to the person for whom you are filing the complaint?		
5. 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.		
6. I believe that the discrimination I experienced was based on (check all that apply): () Accessibility Issue () Disability Status () Other (please specify)		
7. Date of Alleged Discrimination (Month, Day, Year):		
8. Where did the Alleged Discrimination take place?		
9. 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). <i>Use the back of this form or separate pages if additional space is required.</i>		

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10. 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.*

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

12. 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)

13. If YES to question 12 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 3, 4 and 5, your signature and date is required:

Signature

Date