

Americans With Disabilities Act

Concern/ Complaint Form

You may report anonymously or provide contact information below. Please furnish as much detail as possible to allow for a thorough and complete investigation. Describe the suspected violation or concern and provide copies of any documents you have that may help explain or support the situation. Use additional sheets if necessary. (Please include date and time of potential violation, date of discovery, whether the situation is ongoing, and how you learned of the situation. Include names of other persons who may have knowledge of the situation.)

Name of Person or Persons Involved:

Contact Information (Optional) Name Address Email Address Phone Number

May we contact you if we have questions? _____ Yes _____ No

You may also contact us at:

Alternative Community Training
Attn: Human Resources
2200 Burlington Columbia, MO 65202
Telephone: 573-474-9446