



Discrimination Complaint Form

(DRA will translate this document upon request.)

Disability Resource Association (DRA) is committed to ensuring that no person is excluded from participation in, or denied the benefits of its service, based on race, color, national origin, or other protected classes under Title VI of the Civil Rights Act of 1964, or based on disability as defined by The Americans with Disabilities Act/Section 504. DRA also prohibits discrimination based on sex, age, religion, medical condition, marital status, or sexual orientation.

Any person who believes he or she may have been aggrieved by any unlawful discriminatory practice by Disability Resource Association may file a complaint with DRA using this form. Discrimination complaints must be filed within 180 days of the date of the alleged discrimination.

In addition to utilizing the civil rights complaint process through Disability Resource Association, you may also file a complaint pertaining to race, color or national origin with the Federal Transit Administration (FTA), Office of Civil Rights, 901 Locust St # 404, Kansas City, MO 64106.

Name:

Address:

Telephone (home):

Telephone (work):

E-mail:

Accessible Format Requirements:

☐ I believe the discrimination I experienced was based on Title VI violations (circle all that apply):

Race	Color	National Origin	Sex	Age
Religion	Medical Condition	Marital Status	Sexual Orientation	

☐ I believe the discrimination I experienced was ADA/Section 504 violations based on my disability.

Date of Alleged Discrimination (mm/dd/yyyy): ____/____/____

Explain as clearly as possible what happened and why you believe you were discriminated against.

Describe all persons who were involved. Include the name and contact information of the person(s) you believe discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach a blank page to this form.

What remedy are you requesting?

Have you previously filed a Discrimination complaint with Disability Resource Association?

- ☐ Yes
- ☐ No

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

- ☐ Yes
- ☐ No

If yes, provide name of agency or court of all that apply:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

Signature

Date

**Please submit this form to:
Disability Resource Association
130 Brandon Wallace Way
Festus, MO 63028
Fax: (636)931-4863
Email: dra@DRA4help.org**