The Arc of the Quad Cities Area

ADA Complaint Form

Use this form to report discrimination on the basis of disability in The Arc's programs or transportation services. Complaints must be filed within 180 days of the alleged discrimination.

How to submit or request assistance

Email: greenwaltj@arcqca.org
Mail or hand delivery: The Arc of the Quad Cities Area
Attn: Jake Greenwalt, Director of Property — ADA Complaints
4016 9th Street, Rock Island, IL 61201
Phone: 309-786-6474, extension 1197, or 309-236-1455

Hand delivery is not required. You may submit this form or a written complaint by email or mail. If you need assistance, an alternative format, or help communicating your complaint, contact Jake using the numbers above or ask your home or program staff. Staff can help document a complaint communicated by telephone and obtain your confirmation.

Contact information

Your name: _____

Phone: _____ Alternate phone: _____

Address: _____

City, state and ZIP: _____

Email: _____

Preferred contact method or accessibility assistance needed:

_____

If filing for another person

Name of person affected: _____

Your relationship to that person: _____

Their address and contact information: _____

_____

Complaint details

Date of incident: _____ Location: _____

Describe what happened and why you believe it was disability discrimination. Include names of involved employees and witnesses, dates, and times if known. Attach additional pages or supporting information as needed.

_____

_____

_____

_____

_____

_____

_____

Other complaints filed about this incident

Have you filed with another federal, state, or local agency? Yes / No

Agency: _____ Contact: _____

Address or contact information: _____

Agency: _____ Contact: _____

Address or contact information: _____

Confirmation

I affirm that the information provided is true to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

Printed name: _____

If assistance is needed to sign or confirm the complaint, contact Jake using the information on page 1.

For agency use

Date received: _____ Received by: _____