



ADA Complaint Form

In compliance with the U.S. Department of Transportation Americans with Disabilities Act (ADA) of 1990 (49 CFR Parts 27, 37, 38 and 39), and Section 504 of the Rehabilitation Act of 1973, as amended, Valley Resource Center dba EXCEED, ensures its services, vehicles, and facilities are accessible to and usable by individuals with disabilities. Anyone who believes he or she has been discriminated against on the basis of s disability may file an ADA complaint.

Complaints may be submitted using this form or by submitting a written complaint to the Corporate Compliance Officer at lynnettetodd@weexceed.org. EXCEED will process and investigate all complaints that meet the requirements of ADA discrimination. If the complainant is unable to write a complaint, a representative may file on his or her behalf. The Corporate Compliance Officer will conduct an investigation and reply to the complainant within 15 business days. If the complainant is unsatisfied with the response, they may submit a rebuttal/response to the CEO within two weeks. The CEO will respond within 10 working days. Every effort will be made to correct the problem/complaint. An ADA complaint may be filed at any time with the U.S. Department of Justice. Civil Rights Division, 950 Pennsylvania Avenue, NW, Washington, DC, 20530-0001

Section I:				
Name:				
Address:				
Telephone (Home):				Cell:
Email Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use the back of this form.				
Section IV				
Have you previously filed an ADA complaint with this agency?			Yes	No
Section V				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? [] Yes [] No				
If yes, check all that apply: [] Federal Agency: [] Federal Court [] State Agency [] State Court [] Local Agency				
Please provide information about a contact person at the agency/court where the complaint was filed.				
Name:				
Title:				
Agency:				
Address:				
Telephone:				

You may attach any materials or other information that you think is relevant to your complaint. Signature and signature date are required below.

Signature: _____

Signature Date: _____

Please submit this form in person at the address below, or mail this form to:
EXCEED Corporate Compliance Officer; 1285 North Santa Fe St., Hemet, CA 92543