



Licking Valley Community Action Program (LVCAP)

ADA COMPLAINT PROCEDURE and Form

Accommodations are made to serve persons with disabilities in compliance with the Americans with Disabilities Act (ADA) and Section 504. Section 504 of the Rehabilitation Act of 1973 (Section 504), Titles II and III of the Americans with Disabilities Act of 1990 (ADA) and related Federal and State Laws and Regulations provide that no entity shall discriminate against an individual with a disability in the connection with the provision of transportation service. This law requires federal aid recipients and other government entities to take affirmative steps to reasonably accommodate the disabled and ensure that their needs are equitably represented.

Licking Valley Community Action Program (LVCAP) endeavors to ensure that its facilities, programs, and services are available to those with disabilities in accordance with the Americans with Disabilities Act (ADA). If you feel that your ADA protection has been violated, you may file a complaint with LVCAP's ADA coordinator. The following information is necessary to assist us in processing your complaint. IF you require an assistance in completing this form, please contact LVCAP ADA Coordinator Jana Hunt jhunt@lvcap.com or call (606) 845-0081. The completed form must be returned to Licking Valley Community Action Program (LVCAP), 203 High Street, Flemingsburg, KY 41041.

The complaint procedure will be made available to the public at www.lvcap.com.

A copy of the complaint form in English and Spanish is provided in Appendix A and on LVCAP's website www.lvcap.com.

Licking Valley Community Action (LVCAP)

ADA Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail 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:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Disability <input type="checkbox"/> Other (explain) _____				
Date of Alleged Discrimination (Month, Day, Year): _____				
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) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				
_____ _____				
Section IV				

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, check all that apply:			
<input type="checkbox"/> Federal	_____	Agency:	
<input type="checkbox"/> Federal	_____	Court	<input type="checkbox"/> State Agency
<input type="checkbox"/> State	_____	Court	<input type="checkbox"/> Local Agency
Please provide information about a contact person at the agency/court where the complaint was filed.			
Name:			
Title:			
Agency:			
Address:			
Telephone:			
Section VI			
Name of agency complaint is against:			
Contact person:			
Title:			
Telephone number:			

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 in person at the address below, or mail this form to:

Jana Hunt
Licking Valley Community Action Program
203 High Street
Flemingsburg, Ky 41041