

Leaning Opportunities Quality Works, Inc. Title VI / ADA Complaint Form
Attention Cyndi Johns
PO Box 254 Monroe City, MO 63456
CyndiJohns@LOQW.com

Title VI / ADA Complaint Form

Please list any witness (es) to the alleged discrimination

Name:
Street Address, City, State and Zip:
Phone Number & Email Address:
Name:
Street Address, City, State and Zip:
Phone Number & Email Address:

What corrective action would you like to see taken?

Title VI / ADA Complaint Form

Have you filed a complaint with any other federal, state or local agency/agencies/court(s)?

Yes

No

If so, please list the agencies in which you filed a complaint and provide their contact information:

Agency
Contact Person:
Street Address, City, State and Zip:
Phone Number & Email Address:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature

Date

Print Name of Complainant

Date