

LOQW, Inc. ADA Complaint Form  
Attention: Mary Kendrick  
201 N. Locust, P. O. Box 254, Monroe City, MO 63456  
[mkendrick@loqw.com](mailto:mkendrick@loqw.com)

ADA Complaint Form

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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?

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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

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