



Arthur Center Community Health ADA Complaint Procedures

If you have a complaint about the accessibility of our services or believe you have been discriminated against because of your disability, you can file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

How do you file a complaint?

You can call us, download and use our ADA complaint form at (www.arthurcenter.com), or request a copy of the form by writing or phoning (Arthur Center Community Health, attn.: Cora Butler; 340 Kelley Parkway; Mexico, MO 65265 and/or by calling 573-473-7676.

You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number. (See Question 1 of the complaint form.)
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information. (See Questions 6, 7, 8, 9, 10, and 11 of the complaint form.)
- The names of any people, if known, whom the director could contact for clarity of your allegations. (See Question 11 of the complaint form.)

Please submit your complaint form to address listed below:

Cora Butler
340 Kelley Parkway
Mexico, MO 65265

Do you need complaint assistance?

If you are unable to complete a written complaint due to a disability or if information is needed in another language, we can assist you. Please contact us at (573-473-7676) or (cbutler@arthurcenter.com).

How will your complaint be handled?

Arthur Center Community Health investigates complaints received no more than 180 days after the alleged incident. Arthur Center Community Health will process complaints that are complete. Once a completed complaint is received, Arthur Center Community Health will review it to determine if (your agency's name) has jurisdiction.

Mexico - Clinic

340 Kelley Parkway
Mexico, MO 65265

Mexico - Annex

441 Kelley Parkway
Mexico, MO 65265

Mexico - Admin

2990 Doreli Lane
Mexico, MO 65265

Fulton Commons Clinic

581 Commons Drive
Fulton, MO 65251

Fulton Commons Annex

561 Commons Drive
Fulton, MO 65251

Fulton Fairway Clinic

2625 Fairway Drive
Fulton, MO 65251

Montgomery City Clinic

1225 Aguilar
Montgomery City,
MO 63361



Arthur Center Community Health will generally complete an investigation within 90 days of receipt of a complaint. If more information is needed to resolve the case, Arthur Center Community Health may contact you. Unless a longer period is specified by Arthur Center Community Health, you will have ten (10) days from the date of the request to send the requested information. If the requested information is not received, Arthur Center Community Health may administratively close the case. A case may also be administratively closed if you no longer wish to pursue it.

After an investigation is complete, Arthur Center Community Health will send you a letter summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation. If you disagree with Arthur Center Community Health determination, you may request reconsideration by submitting a request in writing to Arthur Center Community Health (Cora Butler) within seven (7) days after the date of Arthur Center Community Health letter, stating with specificity the basis for reconsideration. The director will notify you of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, the director will issue a determination letter to the complainant upon completion of the reconsideration review.

Do I have other options for filing a complaint?

We encourage that you file the complaint with us. However, you may file a complaint with the Missouri Department of Transportation or the Federal Transit Administration.

Missouri Department of Transportation
External Civil Rights Division
Title VI Coordinator
1617 Missouri Blvd.
P. O. Box 270
Jefferson City, MO 65102-0270
www.modot.org

Federal Transit Administration
Office of Civil Rights
1200 New Jersey Avenue SE
Washington, DC 20590



Arthur Center Community Health
ADA COMPLAINT FORM

If you have a complaint about the accessibility of our transit system or believe you have been discriminated against because of your disability, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

Cora Butler
Arthur Center Community Health
340 Kelley Parkway
Mexico, MO 65265
cbutler@arthurcenter.com

1. Complainant's name:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ()		
E-mail address:		
Do you prefer to be contacted via e-mail? ☐ Yes ☐ No		
2. Are you filing this complaint on your own behalf?		
☐ Yes If YES, please go to question 6. ☐ No If NO, please go to question 3.		
3. Please provide your name and address.		
Name of person filing complaint:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ()		
E-mail address:		
Do you prefer to be contacted via e-mail? ☐ Yes ☐ No		
4. What is your relationship to the person for whom you are filing the complaint?		
5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf.		
☐ Yes, I have permission. ☐ No, I do not have permission		



6. I believe that the discrimination I experienced was based on (check all that apply)

☐ Accessibility issue ☐ Discrimination based on disability ☐ Other

7. Date of alleged discrimination (Month, Day, Year):

8. Where did the alleged discrimination take place?

9. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

10. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.*

11. What type of corrective action would you like to see taken?

12. Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court? ☐ Yes If yes, check all that apply. ☐ No

- ☐ Federal Agency (List agency's name)
- ☐ Federal Court (Please provide location)
- ☐ State Court
- ☐ State Agency (Specify agency)
- ☐ County Court (Specify court and county)
- ☐ Local Agency (Specify agency)



13. Please provide information about a contact person at the agency/court where the complaint was filed.

Name:	Title:	
Agency:	Telephone: ()	
Address		
City:	State:	Zip Code:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required:

Signature

Date

If you completed Questions 3, 4 and 5, your signature and date are required

Signature

Date