

ADA Grievance / Complaint Form

Pettis County Joint Communications – 911

Pettis County Joint Communications is committed to ensuring equal access to emergency services in accordance with the Americans with Disabilities Act of 1990 (ADA).

If you believe you experienced discrimination or were denied effective communication or reasonable accommodation related to 911 services, please complete this form.

Section 1: Complainant Information

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____

Email Address: _____

Preferred Method of Contact:

Phone

Mail

Email

Relay Service

Other: _____

Section 2: Person Affected (If Different from Above)

Name: _____

Relationship to Complainant: _____

Section 3: Details of the Incident

Date of Incident:

Time of Incident:

Method Used to Contact 911:

Voice Call

Relay Service

TTY

Text-to-911

Other: _____

Location of Incident (City/Address if known):

Please describe what occurred:

(Include as much detail as possible. Attach additional pages if needed.)

Section 4: Nature of the Complaint

Please indicate the issue(s) involved:

- | | |
|---|---|
| <input type="checkbox"/> Failure to provide effective communication | <input type="checkbox"/> Denial of reasonable accommodation |
| <input type="checkbox"/> Failure to respond to TTY or relay call | <input type="checkbox"/> Discriminatory treatment |
| <input type="checkbox"/> Inaccessible service | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Other: _____ | |

Section 5: Requested Resolution

What action or remedy are you seeking?

Section 6: Supporting Documentation

Please list any documents, recordings, or evidence you are submitting with this complaint:

Certification

I certify that the information provided in this complaint is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Submission Instructions

Please submit this completed form and any supporting documentation to:

911 Communications Director

Pettis County Joint Communications
415 S Ohio Ave, Suite 300, Sedalia, MO 65301
lauderd@pettiscomo.com

Complaints should be submitted as soon as possible, preferably within 30–60 days of the incident.

If you require assistance completing this form due to a disability, reasonable accommodations are available upon request.