

**Pemiscot Progressive Industries, Inc.**  
**ADA**  
**Complaint Form**

**Complaints must be filed within 180 days of the alleged act of discrimination.**

***Section I***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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 that the discrimination experienced was based on (check all that apply):

Race  Color  National Origin (includes Limited English Proficiency)

Disability

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 and 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 the form or another sheet of paper.

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**Section IV**

Have you previously filed an ADA complaint with Pemiscot Progressive Industries (PPI)? Yes \_\_\_\_\_  
No \_\_\_\_\_

**Section V**

Have you filed this complaint with any other Federal, State, or local agencies, or with any Federal or State court?  yes  no If yes, check all that apply and provide the name and agency or

court:  Federal Agency: \_\_\_\_\_; Federal Court: \_\_\_\_\_;

State Agency \_\_\_\_\_; Local Agency \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Section 6**

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

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

**Signature and date required.**

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

Please submit this form and any additional materials in person or mail to:

ATTN: Angela Hudgens, ADA Coordinator  
Pemiscot Progressive Industries  
201 S. Pemiscot Street  
PO Box 475  
Hayti, MO 63851

\_\_\_\_\_  
Pemiscot Progressive Industries use only:    Date Received:                      Person receiving complaint: