

**Good Shepherd Nursing Home District
ADA Complaint Procedures**

If you have a complaint about the accessibility of our transit system or service, 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 gsnhd.com/home/.com, or request a copy of the form by writing or phoning 1101 W Clay Rd, Versailles Mo. 65084. 573-378-3440

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 persons, 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:

Lance Smith
1101 W Clay Rd
Versailles Mo 65084

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 (phone number) or (email address).

How will your complaint be handled?

Good Shepherd Nursing Home District investigates complaints received no more than 180 days after the alleged incident. Good Shepherd Nursing Home District will process complaints that are complete. Once a completed complaint is received, Good Shepherd Nursing Home District will review it to determine if Good Shepherd Nursing Home District has jurisdiction.

Good Shepherd Nursing Home District will generally complete an investigation within 90 days from receipt of a complaint. If more information is needed to resolve the case, Good Shepherd Nursing Home District may contact you. Unless a longer period is specified by Good Shepherd Nursing Home District you will have ten (10) days from the date of the request to send the

requested information. If the requested information is not received, 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, Good Shepherd Nursing Home District 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 Good Shepherd Nursing Home District determination, you may request reconsideration by submitting a request in writing to Good Shepherd Nursing Home District director within seven (7) days after the date of Good Shepherd Nursing Home District letter, stating with specificity the basis for the 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 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

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)

