

MPower Inc. – ADA Complaint Form

MPower Inc. is committed to ensuring equal access to all programs and services in compliance with the Americans with Disabilities Act (ADA). If you believe you have been discriminated against because of a disability, please complete this form and return it to:

ADA Coordinator
MPower Inc.
316 S. Stallard
Stillwater, OK 74076
Phone: (405)3
Email: ada@mpowerok.org

Complainant Information

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Incident Information

Date of Incident: _____

Location of Incident: _____

Name(s) of MPower staff or program involved (if known): _____

Description of Complaint

(Please describe what happened, including how you believe you were denied access or discriminated against because of a disability. Use additional pages if necessary.)

Witnesses (if any)

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Requested Action/Resolution

(What outcome would you like to see?)

Signature

I certify that the above information is accurate to the best of my knowledge.

Signature: _____ Date: _____

Note to Complainant: This complaint will be reviewed promptly. MPower Inc. will make every effort to provide a written response within 30 days of receipt.