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Non-Discrimination Policy

It is the policy of A.B.L.E. to provide services to all persons without regard to race, color, national origin, sexual orientation, religion, sex, age or disability. No person shall be excluded from participation in or denied the benefits of any service, or subject to discrimination due to any of the above listed factors.

Complaint Procedure

If you believe you have been denied a benefit of service because of your race, color, national origin, sexual orientation, religion, sex, age or disability, you may file a complaint of discrimination with the Non-Discrimination Officer, either verbally or in writing.

If you choose to file your complaint in writing, please include your name, address, telephone number and a brief description of what occurred which led you to believe you were discriminated against. In this way the appropriate person may respond to your complaint.

You may also file a Complaint of Discrimination by contacting either of the external agencies listed below.

Department of Social Services
Office of Civil Rights
Post Office Box 1527
Jefferson City, MO 65102
573.751.9092
800.776-8014
800.877.6916 (TDD)

Department of Health and Human Services
Office of Civil Rights
601 East 12th Street
Kansas City, MO 64106
816.426.7277