

ADA COMPLAINT FORM

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in state and local government, public accommodations, commercial facilities, transportation, and telecommunications.

This form may be used to file a complaint with ATRANS for alleged violations of Title II of the Americans with Disabilities Act (ADA) and Section 504B of the Rehabilitation Act. If you need assistance completing this form or if it is needed in a different language, please contact **Ms. Evelyn Green at 318-441-6091**.

Completed forms can be mailed to City of Alexandria ATRANS, ATTN: Evelyn Green, P.O. Box 71, Alexandria, LA 71309-0071, faxed to 318-441-6047 or emailed to evelyn.green@cityofalex.com.

NAME	PHONE NO.	ALTERNATE PHONE NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS		DATE
PREFERRED METHOD OF CONTACT <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail		
SELECT EACH OF THE FOLLOWING THAT ARE APPLICABLE TO THE ACCESS BARRIER OR DISCRIMINATION COMPLAINT <input type="checkbox"/> Public Rights-of-Way <input type="checkbox"/> Program <input type="checkbox"/> Service <input type="checkbox"/> Activity		
PROVIDE A DETAILED EXPLANATION OF THE ACCESSIBILITY BARRIER OR DISCRIMINATION COMPLAINT (Explain as clearly as possible what happened and why you believe you were discriminated against. Please also include the date of the incident if different from the date the complaint is being filed. Describe all persons who were involved. Include the name and contact information of the person(s) who you believe discriminated against you as well as names and contact information of any witnesses. If additional space is needed, please write on the back of this form.) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

HAVE YOU FILED A COMPLAINT WITH ANY OTHER FEDERAL, STATE OR LOCAL AGENCIES?

YES NO

IF SO, LIST AGENCY/AGENCIES AND CONTACT INFORMATION BELOW:

Agency Name:	Contact Name:
Street Address, City, State & Zip Code:	Phone No:
Agency Name:	Contact Name:
Street Address, City, State & Zip Code:	Phone No:

PROVIDE A SOLUTION TO THE COMPLAINT:

COMPLAINANT SIGNATURE

DATE

The laws enforced by this agency prohibit retaliation or intimidation against anyone because they have either taken action or participated in action to secure the rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint, or if you have questions regarding the completion of this form, please contact us by phone at 318-441-6091.

OFFICE USE ONLY

DATE RECEIVED:

RECEIVED BY:

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