

# ADA Complaint Form

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity and access for persons with disabilities for a variety of activities of daily living. The Federal Transit Administration requires that "No qualified person with a disability shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance administered by the U.S. Department of Transportation."

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance or reasonable modifications in completing this form, call (478) 783-4154.

## A. Complainant Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### 1. Person discriminated against (if someone other than the complainant)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### 2. Describe the reason(s) you believe the discrimination took place?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. What date did the alleged discrimination take place? \_\_\_\_\_

4. Described the alleged discrimination. Explain what happened and who you believe was responsible. If the space below is insufficient, please attach additional sheets.

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5. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. If yes, check all that apply:

\_\_\_\_\_ Federal Agency      \_\_\_\_\_ Federal Court      \_\_\_\_\_ State Agency  
\_\_\_\_\_ State Court      \_\_\_\_\_ Local Agency

7. Please provide contact information for the agency/court where the complaint was filed.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

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Complainant's Signature

Date

All complaints must be on the ADA Complaint Form. You may attach additional information that may be relevant to your complaint. The investigation will be conducted and completed within 60 days of the receipt of the written complaint.

Send all complaints to:

Local  
Pulaski County Transit  
478-783-1013  
45 S. Lumpkin St.  
Hawkinsville, GA 31036

Federal  
ADA Program Coordinator  
FTA Office of Civil Rights  
East Building, 5<sup>th</sup> Floor  
TCR, 1200 New Jersey Ave. S.  
Washington, D.C. 20509