

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 Department of Transportation.”

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3. If you have any questions or need assistance with completing this form, call 478 946-2236.

Complainant's Name: _____

Address: _____

City, State and Zip Code: _____

Home Phone: _____ Cell Phone: _____

Person Discriminated Against: (if other than the complainant)

Name: _____

Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Cell Phone: _____

Government, or organization, or institution which you believe has discriminated:

Name:

Address:

County:

City:

State and Zip Code:

Telephone Number:

When did the discrimination occur? Date:

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary):

Which of the following best describes the reason(s) you believe the discrimination took place?

- a. Race/Color/National Origin _____
- b. Disability _____
- c. Disadvantaged Business Enterprise _____
- d. External Equal Employment Opportunity _____
- e. Other (please specify) _____

What date did the alleged discrimination take place? _____

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes _____ No _____

If yes: what is the status of the grievance?

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes _____ No _____

If yes:

Agency or Court:

Contact Person:

Address:

City, State, and Zip Code:

Telephone Number:

Date Filed:

Do you intend to file with another agency or court?

Yes _____ No _____

Agency or Court:

Address:

City, State and Zip Code:

Telephone Number:

Additional space for answers:

Complainant's Signature: _____

Date: _____

Return to: Wilkinson County Transit
Pamela Dennard
P O Box 161 Irwinton, GA 31042

