## 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	I	DATE
PREFERRED METHOD OF CONTACT		
Email Phone Mail		
SELECT EACH OF THE FOLLOWING THAT ARE APPLICABLE TO	O THE ACCESS BARRIER OR	DISCRIMINATION COMPLAINT
Public Rights-of-Way	Service Ac	etivity
(Explain as clearly as possible what happened and why you believe the incident if different from the date the complaint is being filed. contact information of the person(s) who you believe discriminate witnesses. If additional space is needed, please write on the back of the person	Describe all persons who wer ed against you as well as name	e involved. Include the name and

HAVE YOU FILED A COMPLAINT WITH ANY OTHER FEDERAL, STATE OR LOCAL AGENCIES?		
YES ONO		
IF SO, LIST AGENCY/AGENCIES AND CONTACT INFORMAT	ION 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	
participated in action to secure the rights protected by the	ntimidation against anyone because they have either taken action or nese laws. If you experience retaliation or intimidation separate from ye questions regarding the completion of this form, please contact us	

## OFFICE USE ONLY

DATE RECEIVED:	RECEIVED BY: