

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.

[illegible]

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: