

Attachment A: ADA Complaint Form

Title II of the Americans with Disabilities Act COMPLAINT FORM

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant: Address:

City, State and Zip Code:

Telephone: Home: _____ Business: _____

Person Making the Complaint: (if other than the complainant)

Address:

City, State, and Zip Code:

Telephone: Home: _____ Business: _____

Department/Agency which you believe has discriminated: Name:

Address: County: City:

Telephone Number:

When did the event occur? Date:

Describe the event providing the name(s) where possible for the individuals who were involved (use space on page 3 if necessary):

Has the complaint been filed with the Ohio Department of Civil Rights or the Federal Department of Justice or any other Federal 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:

Telephone Number:

Additional space for answers:

Signature:_____

Date: _____

Return to:

Cheryl Boley

5250 State Route 37 East

PO Box 311

740-342-3555

Cheryl.Boley@jfs.ohio.gov

Regulations 49 CFR Parts 27, 37 and 38

http://www.fta.dot.gov/12876_3906.html