

ADA Complaint Form

This complaint procedure is designed to resolve conflicts involving allegations of discrimination in access to MDOT Transit programs, services, and activities for persons with disabilities under the American Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973.

Section I: Personal Information of Person Filing Complaint

Name _____

Fist Name

Last Name

M.I.

Address: _____

Street

City

State

Zip Code

Telephone Number _____

Email Address _____

Do you require a reasonable accommodation in order to more effectively communicate **your** complaint?

Large Print _____ Audio Tape _____

TDD _____ Other: _____

Section II

Are you filing this complaint on your own behalf? Yes* _____ No _____

*If yes, please move to Section III.

If answered no, please provide the name and relationship of the person for whom you are filing: _____

First Name

Last Name

Relationship to Person

Have you obtained the permission of the aggrieved party if you are filing on behalf of a third party? Yes _____ No _____

Please provide why you have filed for a third party: _____

Section III

Date of Alleged Discrimination (Month/ Day/ Year) _____

Explain as clearly as possible what happened and why you believe you were discriminated against. **Identify service, program or activity out of ADA/504 compliance.** Describe all persons who were involved- include the **name and contact information of the person(s) who discriminated against you** (if known) as well as **names and contact information of any witnesses.**

Section IV

Have you previously filed an ADA complaint with this agency? Yes _____ No _____

Section V

Have you filed this complaint with any other Federal, State, local agency or with any Federal or State court? Yes _____ No _____

If yes, check all that apply :

- Federal Agency: _____ State Agency: _____
 Federal Court: _____ Local Agency: _____
 State Court: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____ Title: _____ Agency: _____

Address: _____

Telephone: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and Date Required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

**Office of Compliance and Integrity
Starkville-MSU Area Rapid Transit (SMART)
Attention: Brett Harvey
P.O. Box 6004
Mississippi State, MS 39762
662.325.5839**