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**ADA COMPLAINT FORM**

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

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| **Section I:** |
| Name: |
| Address: |
| Telephone (Home): | Telephone (Work): |
| **Do you require a reasonable accommodation in order to more effectively communicate your complaint?** |
| Accessible Format Requirements? | Large Print |  | Audio Tape |  |
| TDD |  | Other |  |
| **Section II:** |
| Are you filing this complaint on your own behalf? | Yes\* | No |
| \*If you answered "yes" to this question, go to Section III. |
| If not, please supply the name and relationship of the person for whom you are complaining:  |  |
| Please explain why you have filed for a third party: |  |
|  |  |  |  |  |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.  | Yes | No |
| **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. If more space is needed, please use the back of this form.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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, or local agency, or with any Federal or State court? [ ] Yes [ ] NoIf yes, check all that apply:[ ] Federal Agency: [ ] Federal Court [ ] State Agency [ ] State Court [ ] Local Agency  |
| 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:

**Annie Conner**

**Executive Director**

**Claiborne County Human Resource Agency**

**1703 Bridewell Lane Port Gibson, MS 39150**