CITY OF CEDARTOWN TRANSIT

ADA COMPLAINT FORM

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and helps ensure equal opportunity and access for persons with disabilities. This form may be used to submit a complaint regarding an alleged ADA violation involving City of Cedartown transit services.

Need assistance? If you need assistance or a reasonable modification to complete this form, call 770-748-3220. You may also request information or correspondence in an accessible format.

1. COMPLAINANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Preferred contact: ☐ Phone ☐ Email ☐ Mail

Accessible format needed? ☐ No ☐ Large Print ☐ Audio ☐ Other: _____

2. PERSON AFFECTED (IF SOMEONE OTHER THAN THE COMPLAINANT)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Are you filing this complaint on this person's behalf? ☐ Yes ☐ No

3. INCIDENT INFORMATION

Date: _____ Approximate time: _____ ☐ AM ☐ PM

Pickup location: _____ Destination: _____

Vehicle/Bus No. (if known): _____ Driver/Employee: _____

Service: ☐ Demand Response ☐ ADA Paratransit ☐ Fixed Route ☐ Other: _____

4. TYPE OF ADA COMPLAINT - CHECK ALL THAT APPLY

☐ Denied transportation/service

☐ Lift/ramp unavailable or not used

☐ Service animal issue

☐ Driver/employee conduct related to disability

☐ Pickup/drop-off or origin-to-destination assistance

☐ Wheelchair or mobility device issue

☐ Mobility device securement issue

☐ Reasonable modification/accommodation denied

☐ ADA paratransit eligibility/service issue

☐ Accessibility of vehicle, stop, or facility

☐ Other: _____

5. DESCRIPTION OF COMPLAINT

Describe what happened, who you believe was responsible, and what you believe should have been done differently. Attach additional pages if needed.

6. WITNESSES / SUPPORTING INFORMATION

Were there witnesses? ☐ Yes ☐ No

Witness name: _____ Phone/Email: _____

Are you attaching documents, photographs, correspondence, or other information? ☐ Yes ☐ No

If yes, describe: _____

7. OTHER COMPLAINTS

Have you filed this complaint with another federal, state, or local agency or with a federal or state court? ☐ Yes ☐ No

If yes: ☐ Federal Agency ☐ Federal Court ☐ State Agency ☐ State Court ☐ Local Agency

Agency/Court: _____ Telephone: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

8. CERTIFICATION

I certify that the information provided in this complaint is true and accurate to the best of my knowledge.

Complainant's Signature: _____

Date: _____

SUBMITTING THE COMPLAINT

You may attach additional information relevant to your complaint. The City's current ADA complaint form states that the investigation will be conducted and completed within 60 days of receipt of the written complaint.

LOCAL City Clerk City of Cedartown 201 East Avenue Cedartown, GA 30125 770-748-3220	**FEDERAL** Federal Transit Administration Office of Civil Rights 1200 New Jersey Avenue, SE Washington, DC 20590

FOR CITY USE ONLY

Date Received:		**Complaint No.:**	
Assigned To:		**Date Response Due:**	
Findings/Disposition:			
Corrective Action:			
Date Closed:		**Response Sent:**	