



**ADA COMPLAINT FORM**

In compliance with the U.S. Department of Transportation Americans with Disabilities Act (ADA) of 1990 (49 CFR Parts 27, 37, 38, and 39), and Section 504 of the Rehabilitation Act of 1973, as amended, Ozark Regional Transit (ORT) ensures its services, vehicles, and facilities are accessible to and usable by individuals with disabilities. Anyone who believes they have been discriminated against based on disability may file an ADA complaint.

Name:		
Address:		
Telephone (Home/Cell):		
Email:		
Do you require an accessible format?	<u>Large Print</u>	<u>Audio Tape</u>
	<u>TTY/TDD</u>	<u>Other</u>
<b>Section 2.</b>		
Are you filing this complaint on your own behalf?	Yes	No
*If you answered "yes" to this question, go to Section 3		
If not, please supply the name and relationship of the person for whom you are filling:		
Have you obtained permission from this person?	Yes	No
<b>Section: 3</b>		
If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.		
Date of Alleged Discrimination: Month (            ) Day (            ) Year(            ) Time:		
Transit Line/Route:		
Vehicle ID or Name:		
Location:		
Name(s) of Employee(s) involved:		
Explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use the back of this form.		

<b>Section 4:</b>		
Have you previously filed an ADA complaint with Ozark Regional Transit?		
Contact Name:	Telephone number:	
<b>Section 5:</b>		
Have you filed this complaint with any other federal, state, a local agency, or federal or state court?		
[ ] Yes    [ ] No		
If yes, check all that apply:		
[ ] Federal Agency:	[ ] Federal Court:	[ ] State Agency:
[ ] State Court:	[ ] Local Agency:	[ ] Local Court:
Please provide contact information for the person you spoke to at the above agency.		
Name:	Title:	Agency:
Address:	Telephone:	

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send completed form to:

Ozark Regional Transit ADA Manager  
 2423 E Robinson Ave  
 Springdale, AR 72764

Email:  
 tbowers@ozark.org  
 479-756-5901

Fax:  
 479-756-2901

**Ozark Regional Transit will respond to complaints within 3 business days**