

Three Rivers Regional Commission Americans with Disabilities Act of 1990

ADA Complaint Form

The Americans with Disability Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity and access for persons with disabilities for a variety of activities of daily living. The Federal Transit Administration requires that “No qualified person with a disability shall, solely by reason of [their] disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives federal financial assistance administered by the U.S. Department of Transportation.”

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance or reasonable modifications in completing this form, please call (678) 692-0510 ext. 250 or 369.

1. Complaint Contact Information

Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____

2. Person Discriminated Against (Identify if self or another person)

Name _____
Address _____
City _____ State _____ Zip Code _____
Self Other

3. Describe the reason(s) you believe the discrimination took place?

4. Description of the Alleged Discrimination

What date did the alleged discrimination take place? _____

Describe the alleged discrimination. Explain what happened and who you believe was responsible. If the space below is insufficient, please attach additional sheets

5. Other Complaint Filing(s)

Have you filed this complaint with any other federal, state, or local agency; OR with any federal or state court?

Yes No

If yes, continue with the remainder of the questions in this section; if not, sign and date in section 6

If Yes, Check all that apply:

Federal Agency State Agency Local Agency
Federal Court State Court

6. Complainant's Signature

All information included in this form has been provided in all honesty and to the best of my ability.

Signature _____

Printed Name _____

Date _____

All complaints must be on the ADA Complaint Form. You may attach additional information that may be relevant to your complaint. An investigation will be conducted and completed within sixty (60) days of the receipt of the written complaint.

Please send all complaints to:

Local:

Avery S. Robertson, Jr.
Transit Mobility Manager
Three Rivers Regional Commission
120 North Hill Street
Griffin, Georgia 30224

OR

Tommy Kennedy
Transit Program Director
Three Rivers Regional Commission
120 North Hill Street
Griffin, Georgia 30224

State:

Georgia Department of Transportation
Equal Employment Opportunity Office
600 West Peachtree Street, NW
Atlanta, Georgia 30308

Federal:

ADA Program Coordinator
FTA Office of Civil Rights
East Building, 5th Floor
TCR, 1200 New Jersey Avenue S
Washington, D.C. 20509