CRAWFORD COUNTY GEORGIA
P.O. Box 1059 • Roberta, GA 31078 • 478-836-3782 • Fax: 478-836-5818
Crawford County Government Complex • 640 GA Hwy 128 • Roberta, GA 31078

ADA Complaint Form

The Americans with Disabilities 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 (FTA) requires that "No qualified person with a disability shall, solely by reason of 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, call 478-836-3782.

Contact Information

Full Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Person discriminated against (if different from above)

Full Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

What date did the alleged discrimination take place? _____

Explain what happened and who you believe was responsible for the alleged discrimination. Please attach additional sheets if space provided is insufficient. _____

_____

_____

_____

_____

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

_____

_____

_____

_____

Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? ____ Yes ____ No

If yes, check all that apply:

____ Federal Agency ____ Federal Court ____ Local Agency

____ State Agency ____ State Court

Please provide contact information for the agency/court where the complaint was filed:

Agency/Court Name: _____

Address: _____

Phone: _____

Complainant's Signature: _____ **Date**:_____

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

Send all complaints to:

Crawford County Transit Director

640 GA Hwy 128

POB 1059

Roberta, GA 31078

478-836-3782

TYY: 711