

ADA Complaint Form

In compliance with the U.S. Department of Transportation American 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, Southeastern Stages (SES) ensures its services, vehicles, and facilities are accessible to and usable by individuals with disabilities. Anyone who believes he or she has been discriminated against on the basis of disability may file an ADA complaint.

**SECTION 1** (Please print clearly):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Accessible format requirements? \_\_\_\_\_ (Large print) \_\_\_\_\_ (Audiotape) \_\_\_\_\_ (TDD) \_\_\_\_\_ (Other)

**SECTION 2**

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 complaining:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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 the third party. \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

**SECTION 3**

If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.

Date, Place, and Time of Occurrence: \_\_\_\_\_

Name (s) and Title(s) of the person (s) who I believe discriminated against me:

\_\_\_\_\_  
\_\_\_\_\_

The action or decision which caused me to believe I was discriminated against: *(Please include a description of what happened and how your benefits were denied, delayed or affected):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any and all witnesses' names and phone numbers:

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What type of corrective action would you like to see taken?

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**SECTION 4**

Have you previously filed an ADA complaint with Southeastern Stages? \_\_\_\_ (Yes) \_\_\_\_ (No)

**SECTION 5**

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 \_\_\_\_ 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 Number: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint.

I believe the above information is true and correct to the best of my knowledge. Signature and date required below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Printed Name Please submit this form in person at the address below or mail this form to:**

Southeastern Stages  
ATTN: Title VI Coordinator  
260 University Avenue SW  
Atlanta, GA 30315