Arkansas Department of Transportation

ADA Complaint Form

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination against people who have disabilities. Title II of the ADA specifically addresses the subject of making public services and public transportation accessible to those with disabilities. Title II provides that, “No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.”

Title 42 U.S.C. Section 12131

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact ARDOT EEO/DBE Section at (501) 569-2235.

Complete this form and return to:
Arkansas Department of Transportation
EEO/DBE Section
Attn: Joanna P. McFadden, Section Head
10324 Interstate 30
Little Rock, AR 72209

Complainant’s Name: ____________________________________________________________

Address: ___________________________________________ City: ______________________________

State: ___________________________________________ Zip Code: __________________________

Telephone (Home): ___________________________ Telephone (Work): ______________________

Person(s) discriminated against (if other than complainant)

Name: __________________________________________________________

Address: ___________________________________________ City: ______________________________

State: ___________________________________________ Zip Code: __________________________

Telephone (Home): ___________________________ Telephone (Work): ______________________

What is the discrimination based on?

☐ Disability

Date of the alleged discrimination: ________________ Location: ________________________________
Agency or person that was responsible for the alleged discrimination: ____________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Have you filed this complaint with any other Federal, State, or local agency? If so, whom? ____________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

What remedy are you seeking? ____________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

List names and contact information of persons who may have knowledge of the alleged discrimination.
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Describe the alleged discrimination. Explain what happened and whom you believe as responsible.
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Please sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information you think is relevant to your complaint.

_____________________________________________  _________________________________
Signature                                             Date