ADA COMPLAINT FORM

This complaint procedure is designed to resolve conflicts involving allegations of discrimination in access to Singing River Health System transit programs, services, and activities for persons with disabilities under the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973.

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Do you require a reaso complaint?	nable accommodation in o	order to mo	ore effectively comm	inicate your
Accessible Format	Large Print		Audio Tape	
Requirements?	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" t	to this question, go to Section	on III.		
If not, please supply the for whom you are comp	name and relationship of th laining:	e person		
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 a third party.			Yes	No
Section III:				
Explain as clearly as pos Identify service, progra involved. Include the na	nination (Month, Day, Year) ssible what happened and w am or activity out of ADA me and contact information s and contact information o	hy you belie / 504 compl of the perso	iance. Describe all peon(s) who discriminat	ersons who were ed against you (i

Section IV	t mith this	Vaa	No		
Have you previously filed an ADA complaint agency?	t with this	Yes	No		
Section V					
Have you filed this complaint with any other State court?	Federal, State, or lo	ocal agency, or w	ith any Federal or		
[] Yes [] No					
If yes, check all that apply:					
[] Federal Agency:					
[] Federal Court	[] State Ag	ency			
[] State Court	[] Local Agency				
Please provide information about a contact pe	erson at the agency	court where the	complaint was filed.		
Name:					
Title:					
Agency:					
Address:					
Telephone:					
You may attach any written materials or ot complaint.	her information that	at you think is rel	evant to your		
Signature and date required below					
Signature		Date			
Please submit this form in person at the address below, or mail this form to:					
Jennifer Taylor Compliance Services Singing River Health System 2809 Denny Avenue Pascagoula, MS 39581 228-809-6007					