

## 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.

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
<b>Do you require a reasonable accommodation in order to more effectively communicate your complaint?</b>				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
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
<b>Section III:</b>				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. <b>Identify service, program or activity out of ADA/504 compliance.</b> Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				
_____				

