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 a	nd whom you believe as responsible.
Please sign and date. The complaint will not be accepted in attach any written materials or other supporting information complaint.	
Signature	Date