



ADA COMPLAINT FORM

The American’s with Disabilities Act (ADA) prohibits discrimination on the basis of disability in State and local government, public accommodations, commercial facilities, transportation, and telecommunications.

This form may be used to be file a complaint with RTA for alleged violations of ADA. If you need assistance completing this form or if needed in a different language, please contact us by phone at 504-827-8345 or TTD at 504-827-7833.

NAME	PHONE NO.	ALTERNATE PHONE NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS		DATE
PREFERRED METHOD OF CONTACT		
<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail		
SELECT EACH OF THE FOLLOWING THAT ARE APPLICABLE TO THE ACCESS BARRIER OR DISCRIMINATION COMPLAINT		
<input type="checkbox"/> Public Rights-of-Way <input type="checkbox"/> Program <input type="checkbox"/> Service <input type="checkbox"/> Activity		
PROVIDE A DETAILED EXPLANATION OF THE ACCESSIBILITY BARRIER OR DISCRIMINATION COMPLAINT (Explain as clearly as possible what happened and why you believe you were discriminated against. Please also include the date of incident if different from date complaint is being filed. 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).		
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Please Also Complete Reverse Side of Form		



(07/18)

HAVE YOU FILED A COMPLAINT WITH ANY OTHER FEDERAL, STATE OR LOCAL AGENCIES?

Yes No

IF SO, LIST AGENCY / AGENCIES AND CONTACT INFORMATION BELOW

Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:
Agency:	Contact Name:
Street Address, City, State & Zip Code:	Phone:

PROVIDE A SOLUTION TO THE COMPLAINT

COMPLAINANT SIGNATURE

DATE

The laws enforced by this agency prohibit retaliation or intimidation against anyone because they have either taken action or participated in action to secure the rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint, or if you have questions regarding the completion of this form please contact.

**Regional Transit Authority (RTA)
ADA Eligibility/ID Center
2817 Canal Street
New Orleans, LA 70119
Karen Sider – ADA Compliance Officer
karen.sider@transdev.com
(504) 827-8345 or TTD (504) 827- 7833**

OFFICE USE ONLY

DATE RECEIVED:

RECEIVED BY: