

**Evansville Metropolitan Planning Organization
ADA Complaint Form**

Section 504 of the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act of 1990 (ADA) forbid discrimination against individuals with disabilities. These laws require federal aid recipients and other government entities to take affirmative steps to reasonably accommodate the disabled and ensure that their needs are equitably represented.

If you feel that your ADA protection has been violated, you may file a complaint with the MPO's ADA Coordinator. The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

- 1. Complainants' Name _____
Street Address _____
City, State and Zip Code _____
Telephone Number _____

- 2. Person discriminated against or denied access (if someone other than the complainant)
Name _____
Address _____
City, State and Zip Code _____

- 3. When and where did the alleged discrimination take place? Include name of agency, department or program you believe discriminated against you. Explain what happened and whom you believe was responsible. Use the back of this form if additional space is required.

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

Name and Contact Information: _____

Name and Contact Information: _____

5. Have you filed this complaint with any other federal, state, or local agency; or With any federal, state or local court?

_____ Yes _____ No

If yes, check all that apply:

_____ Federal Agency _____ Federal Court _____ State Agency

_____ State Court _____ Local Agency _____ Local Court

6. Please provide information of a contact person at the agency/court where the complaint was filed.

Name _____

Address _____

City, State and Zip Code _____

Telephone Number _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date

Hand Deliver or Mail this ADA Complaint Form to:

Matt Schriefer, ADA Coordinator
Evansville Metropolitan Planning Organization
1 NW MLK, Jr. Blvd., Room 316
Evansville, IN 47708

Or e-mail to:

mschriefer@evansvillempo.com or comments@evansvillempo.com