

## Area Agency on Aging of Southeast Arkansas dba SEAT

### 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 SEAT ADA/504 Coordinator at (870) 543-6300.

### Complete this form and return to:

Area Agency on Aging of Southeast Arkansas dba SEAT  
ADA/504  
Attn: Kathy Tynes, ADA/504 Coordinator  
709 East 8th Ave  
Pine Bluff, Ar 71601

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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 and whom you believe as responsible.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information you think is relevant to your complaint.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date