



ADA COMPLAINT FORM

Title II and III of the Americans with Disabilities Act of 1990 (ADA) provide that no entity shall discriminate against an individual with a disability in connection with the provision of transportation service.

If you feel you have been discriminated against in regards to an ADA transit service issue, please provide the following information in order to assist us in processing your complaint and sent it to:

ADA Coordinator
Lawton Area Transit System
611 SW Bishop Rd
PO Box 286
Lawton, OK 73501

Please print clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ (home) _____ (cell) _____ (other)

Person discriminated against if different than above:

Address of person discriminated against if different than above:

City, State, Zip Code:

Please indicate why you believe the discrimination occurred:

What was the date of the alleged discrimination?

Where did the alleged discrimination take place?

Please describe the circumstances as you saw it:

Please list any and all witnesses' names and phone numbers:

What type of corrective action would you like to see taken?

Please attach any documents you have which support the allegation. Then date and sign this form and send to the ADA Coordinator at:

ADA Coordinator
Lawton Area Transit System
611 SW Bishop Rd
PO Box 286
Lawton, OK 73501

Your signature

Print your name

Date