

CareLink

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 Natasha Kendrick at 501-688-7411 or nkendrick@carelink.org

Complete this form and return to:

CareLink
Title VI Coordinator
Attn: Natasha Kendrick
P.O. Box 5988
North Little Rock, AR
72119

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