

# ADA Complaint Form

Central Oklahoma  
Transportation & Parking Authority

EMBARC operates its programs and services in compliance with the American's with Disabilities Act and Federal Transit Administration guidelines for the provision of services to individuals with disabilities.

All complaints must be in writing and signed by the complainant or his/her representative before action can be taken. Complaints shall state, as fully as possible, the facts and circumstances surrounding the alleged discrimination. The Central Oklahoma Transportation & Parking Authority (COTPA) will provide a written acknowledgment of the complaint within ten (10) working days.

The completed form should be sent to: COTPA  
Re: ADA Coordinator  
2000 S May  
Oklahoma City, OK 73108

## Complainant Contact Information

NAME

DAY PHONE

MAILING ADDRESS

EVENING PHONE

CITY

STATE

ZIP CODE

E-MAIL

## Person Discriminated Against (If Other Than Complainant)

NAME

DAY PHONE

MAILING ADDRESS

EVENING PHONE

CITY

STATE

ZIP CODE

E-MAIL

(Continued On Reverse)



**Witnesses?** Please provide their contact information.

<b>WITNESS 1</b>	NAME	<input type="text"/>			DAY PHONE	<input type="text"/>	
	MAILING ADDRESS	<input type="text"/>				EVENING PHONE	<input type="text"/>
	CITY	STATE	ZIP CODE	E-MAIL			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<b>WITNESS 2</b>	NAME	<input type="text"/>			DAY PHONE	<input type="text"/>	
	MAILING ADDRESS	<input type="text"/>				EVENING PHONE	<input type="text"/>
	CITY	STATE	ZIP CODE	E-MAIL			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Did you file this complaint with another federal, state, or local agency or court?  Yes  No

If answer is yes, check agency complaint was filed with and provide agency contact information:

Federal Agency     Federal Court     State Agency     State Court     Local Agency

Other \_\_\_\_\_ Date Filed: \_\_\_\_\_

AGENCY NAME	<input type="text"/>			CONTACT PERSON	<input type="text"/>	
AGENCY MAILING ADDRESS	<input type="text"/>				PHONE	<input type="text"/>
CITY	STATE	ZIP CODE	E-MAIL			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Sign the complaint in space below. Attach any documents you believe supports your complaint.

**X** \_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Signature Date