



CITY OF

TEXARKANA

220 TEXAS BOULEVARD TEXARKANA TEXAS 75501

TEXAS

ADA / 504 Complaint Form

Section I: Complainant Information

Name: _____

Phone: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Section II: Person Discriminated Against *(if different from complainant)*

Name: _____

Phone: _____

Relationship to Complainant: _____

Address: _____

City, State, Zip Code: _____

Section III: Complaint Details

1. Date of alleged discrimination: _____

2. Location of incident: _____

3. Name(s) and contact information of person(s) involved (if known):

4. How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your disability was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages if necessary):

5. Have you discussed the complaint with any City of Texarkana, Texas Representative? If yes, please provide the name, position, and the date of the discussion.

6. Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

Section IV: Signature

I certify that the above is accurate to the best of my knowledge.

Signature: _____

Date: _____

The City of Texarkana, Texas makes every effort to comply with Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA) of 1990, Section 504 of the Rehabilitation Act of 1973, and other federal equal opportunity laws and therefore does not discriminate on the basis of race, sex, color, age, national origin, religion, or disability, in admission or access to and treatment in City of Texarkana, Texas programs and activities as well as the City's hiring or employment practices.

Complaints of alleged discrimination and inquiries regarding the City's nondiscrimination policies may be directed to J.W. Bramlett, Title VI/ADA/504 Coordinator at:

In Person or by Mail: Texarkana, Texas City Hall
220 Texas Blvd.
Texarkana, TX 75501
Attn. Human Resources

Email: james.bramlett@texarkanatexas.gov

Phone: 903-798-3533