

**How we handle your complaint:**

This is a DRAFT form that the Access Board may decide to use in the future, to allow the public to submit Architectural Barriers Act (ABA) complaints on-line. It is available here for public review and comment only. Please consult Federal Register Volume 77, Number 243 (Tuesday, December 18, 2012) for instructions on how to provide your feedback and comments on this form to the Access Board. We welcome and appreciate your feedback and comments.

If you wish to submit a complaint under the ABA to the US Access Board, please click here for instructions on how to submit your complaint.

**Please do not attempt to use this form to submit ABA complaints at this time.**

The Access Board enforces accessibility standards issued under the Architectural Barriers Act (ABA) of 1968. The ABA requires that buildings or facilities designed, constructed, altered, or leased with certain federal funds be accessible.

We accept, from any member of the public, complaints about accessibility barriers at buildings or facilities. We investigate the complaints to determine whether the building or facility is subject to the ABA. If we determine the building or facility is subject to ABA, then we further check if the identified barriers violate an applicable standard. Depending on the result of our investigation, we work together with responsible agency to remedy the identified accessibility barriers or, if we find no violations under the ABA, we will provide you with suggestions on who else might be able to assist you.

You may file an ABA-related complaint with the Access Board, using this online form or a paper form available at <http://www.access-board.gov/>. How do I file a complaint, using the online form? This online complaint form consists of five sections: (1) Building or Facility Information; (2) Accessibility Barriers; (3) Complainant Information; (4) Review and Submit; and (5) Confirmation. Please note that no "save" function is available at this website and that you must complete this complaint form at one sitting. To file a complaint, you need to follow the steps below:

**Step 1:** Provide information about the building or facility.

**Step 2:** List all the accessibility barriers that you've encountered at that building or facility.

**Step 3:** Providing your name and/or contact information is optional. However, if you provide your contact information we will inform you of the status and result of investigation. We will not disclose your name and/or contact information without your express permission.

**Step 4:** Submit any photographs or other supporting documents with your complaint, if you wish. Also, in the Review and Submit section, you can review and print all the information you provided.

**Step 5:** Once you click the "submit" button, a new page will appear with your complaint number and summary. You can print that page. Please keep this complaint number with your records so that you can refer to it, when you inquire about the status of your complaint in the future, or if you decide to provide additional information to us in future correspondence. If you have provided us with an email address, you will also receive an e-mail receipt with the complaint number and summary, immediately following your submission. What happens after I file a complaint? Within two weeks after filing a complaint, you will receive a formal acknowledgement letter (or email, if you prefer) if you provided your contact information to us. This letter (or email) will contain the information about your complaint, as well as the investigation process and applicable federal law, and contact information for the compliance specialist investigating your complaint. What else do I need to know in filing out the online complaint form? While you can file as many complaints as you want, you must submit a separate complaint for each building or facility. If you wish to submit multiple complaints, you will be prompted after you submit your first complaint with instructions for filing additional complaints.

After filing your complaint, if you wish to provide any additional information or documents related to your complaint, you can submit them under separate cover, referencing your complaint number, either by:

- 1) emailing to [enforce@access-board.gov](mailto:enforce@access-board.gov)
- 2) faxing to (202) 272-0081 OR
- 3) mailing to:

Compliance and Enforcement  
U.S. Access Board  
1331 F Street, N.W., Suite 1000  
Washington, DC 20004-1111

If you wish to file a complaint about a building or facility, [please begin](#).

OR

If your complaint is about something other than accessibility barriers at a building or facility, [refer to our website](#).

United States Access Board  
1331 F Street NW, Suite 1000  
Washington, DC 20004-1111  
(202) 272-0080 (v) (202) 272-0082 (TTY) (202) 272-0081 (fax)  
(800) 672-2253 (v) (800) 995-2822 (TTY)

Your Progress: Status	Step 1 Building or Facility Information In Progress	Step 2 Accessibility Barriers Not Started	Step 3 Complainant Information Not Started	Step 4 Review and Submit Not Submitted	Step 5 Confirmation Not Submitted
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Please do not click your internet browser back button during this complaint process.  
Please use the "back" and "continue" buttons at the bottom of your screen.

Please help us to identify the facility by providing at least 1) Building or Facility Name and  
2) Either Street Address (or PO Box), City and State OR Street Address (or PO Box) and ZIP.  
An asterisk ( \* ) indicates a required field.

Building or Facility Name: \*

Street Address (or PO Box): \*

Building/Floor/Suite:

Address (cont'd):

City:

State:

ZIP/Postal Code: \*  (If Zip not included, include City and State)

Country: United States

Building or Facility Telephone: (  )  -

CONTINUE >>

Your Progress:	Step 1 Building or Facility Information	Step 2 Access	Step 3	Step 4 Review and Submit	Step 5 Confirmation
Status	In Progress	Not Started	Not Started	Not Submitted	Not Submitted

Please do not click your internet browser back button  
Please use the "back" and "continue" buttons at the bottom of the page.

Please help us to identify the facility. Provide the following information:  
1) Name of the facility (or PO Box)  
2) Either Street Address (or PO Box) or PO Box Number and City and State.  
An asterisk (\*) indicates a required field.

**Building or Facility Name:** \*

**Street Address (or PO Box):** \*

**Building/Floor/Suite:**

**Address (cont'd):**

**City:**

**State:**

**ZIP/Postal Code:** \*  (If Zip not included, include City and State)

**Country:** United States

**Building or Facility Telephone:** (  )  -

- ALABAMA
- ALASKA
- AMERICAN SAMOA
- ARIZONA
- ARKANSAS
- CALIFORNIA
- COLORADO
- CONNECTICUT
- DELAWARE
- DISTRICT OF COLUMBIA
- FEDERATED STATES OF MICRONESIA
- FLORIDA
- GEORGIA
- HAWAII
- IDAHO
- ILLINOIS
- INDIANA
- IOWA
- KANSAS
- KENTUCKY
- LOUISIANA
- MAINE
- MARSHALL ISLANDS
- MARYLAND
- MASSACHUSETTS
- MICHIGAN
- MINNESOTA
- MISSISSIPPI

CONTINUE >>

Your Progress:	Step 1 Building or Facility Information	Step 2 Accessibility Barriers	Step 3 Complainant Information	Step 4 Review and Submit	Step 5 Confirmation
Status	In Progress	Not Started	Not Started	Not Submitted	Not Submitted

Please do not click your internet browser back button  
Please use the "back" and "continue" buttons at the top of the page.

Please help us to identify the facility. Please provide the following information:

2) Either Street Address (or PO Box) or Building or Facility Name. An asterisk (\*) indicates a required field.

**Building or Facility Name:** \*  
**Street Address (or PO Box):** \*  
**Building/Floor/Suite:**  
**Address (cont'd):**  
**City:**  
**State:**  
**ZIP/Postal Code:** \*  
**Country:** United States

Building or Facility Telephone: (    )    -   

**CONTINUE >>**

- United States
- Afghanistan
- Aland Islands
- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia
- Bosnia and Herzegovina
- Botswana



<b>Your Progress:</b>	<b>Step 1 Building or Facility Information</b>	<b>Step 2 Accessibility Barriers</b>	<b>Step 3 Complainant Information</b>	<b>Step 4 Review and Submit</b>	<b>Step 5 Confirmation</b>
Status	<b>COMPLETE</b>   <a href="#">EDIT</a>	In Progress	Not Started	Not Submitted	Not Submitted

**Please do not click your internet browser back button during this complaint process. Please use the "back" and "continue" buttons at the bottom of your screen.**

Instructions: Please provide information on each accessibility barrier you found at this building or facility.

Select "ADD ANOTHER ACCESSIBILITY BARRIER" to add another barrier.

Select the barrier(s) for deletion by checking the box to the left of the barrier and pressing "REMOVE SELECTED BARRIER(S)"

Accessibility Barrier Category	Describe the barriers at this facility
<input type="checkbox"/> Please use this dropdown to select a category	

[ADD ANOTHER ACCESSIBILITY BARRIER](#)   [REMOVE SELECTED BARRIER\(S\)](#)

[<< BACK](#)   [CONTINUE >>](#)



<b>Your Progress:</b>	<b>Step 1 Building or Facility Information</b>	<b>Step 2 Accessibility Barriers</b>	<b>Step 3 Complainant Information</b>	<b>Step 4 Review and Submit</b>	<b>Step 5 Confirmation</b>
Status	<b>COMPLETE</b>   <a href="#">EDIT</a>	In Progress	Not Started	Not Submitted	Not Submitted

**Please do not click your internet browser back button during this complaint process. Please use the "back" and "continue" buttons at the bottom of your screen.**

Instructions: Please provide information on each accessibility barrier you found at this building or facility.  
 Select "ADD ANOTHER ACCESSIBILITY BARRIER" to add another barrier.  
 Select the barrier(s) for deletion by checking the box to the left of the barrier and pressing "REMOVE SELECTED BARRIER(S)"

Accessibility Barrier Category	Describe the barriers at this facility
<input type="checkbox"/> Please use this dropdown to select a category Accessible Routes Bathroom, Bathing Facilities and Shower Rooms Curb Ramps Doors Elevators <input checked="" type="checkbox"/> Entrances Ground and Floor Surfaces Parking Ramps Seating, Tables and Work Surfaces Signage Space Allowances and Reach Ranges Stairs OTHER/NOT KNOWN <input type="checkbox"/> Please use this dropdown to select a category	

Your Progress:	Step 1 Building or Facility Information	Step 2 Accessibility Barriers	Step 3 Complainant Information	Step 4 Review and Submit	Step 5 Confirmation
Status	COMPLETED	COMPLETED	In Progress	Not Submitted	Not Submitted

Please do not click your internet browser back button during this complaint process. Please use the "back" and "continue" buttons at the bottom of your screen.  
If you provide us with contact information, we can update you on the status of your complaint, and contact you if we have questions about your complaint.  
If provided, we will not disclose a complainant's personal information without their written permission.

First Name:

Last Name:

Organization:  (if applicable)

Organizational Title:  (if applicable)

Street Address:

Building/Floor/Suite:

Address (cont'd):

City:

State:

Zip/Postal Code:

Country:

Preferred Phone:  -  -  ext:  Voice

Alternate Phone:  -  -  ext:  TTY

Email:

Re-type Email:

Preferred Contact Method:

Your Progress:	Step 1 Building or Facility Information	Step 2 Accessibility Barriers	Step 3 Complainant Information	Step 4 Review and Submit	Step 5 Confirmation
Status	COMPLETED	COMPLETED	In Progress	Not Submitted	Not Submitted

Please do not click your internet browser back button during this complaint process. Please use the "back" and "continue" buttons at the bottom of your screen.  
If you provide us with contact information, we can update you on the status of your complaint, and contact you if we have questions about your complaint.  
If provided, we will not disclose a complainant's personal information without their written permission.

First Name:

Last Name:

Organization:  (if applicable)

Organizational Title:  (if applicable)

Street Address:

Building/Floor/Suite:

Address (cont'd):

City:

State:

Zip/Postal Code:

Country:

Preferred Phone:  -  -  ext:  Voice

Alternate Phone:  -  -  ext:  TTY

Email:

Re-type Email:

Preferred Contact Method:

- Email
- Letter
- Phone
- Do Not Contact



Reduced to 50% to get the entire summary page on one screen shot.

United States Access Board  
A Federal Agency Committed to Accessible Design

File a Complaint - Review and Submit

Your Progress:	Step 1 Building or Facility Information	Step 2 Accessibility Barrier	Step 3 Complaint Information	Step 4 Review and Submit	Step 5 Confirmation
Status:	COMPLETE/EDIT	COMPLETE/EDIT	COMPLETE/EDIT	In Progress	In Progress

Please do not click your Internet browser back button during this complaint process. Please use the "back" and "continue" buttons at the bottom of our screen.

**Instructions:**  
Please review the complaint summary. You may use the "complete/edit" links in the status table at the top of this page to return to and edit previous pages of this complaint. When you are satisfied with your complaint, please click the "submit my complaint" button at the bottom of this page.

**Facility / Building Information:**

Building/Facility Name: Sample	Building/Facility Type:
Street Address: Sample	Building/Floor/Suite:
Address (cont'd):	Building/Facility Telephone:
City/Province:	Country: US
State:	Zip/Postal Code: Sample

**Accessibility Barrier(s):**

CHANGING ROOMS, SINK

You may attach a drawing, map, photo or sketch to this complaint by selecting a file from your computer:  
Note: Attachments will be uploaded upon submitting this form. Large attachments may take a few moments to upload. Please click "submit my complaint" only once.

Uploaded File

[ADD A1 ATTACHMENT](#) [REMOVE SELECTED A1 ATTACHMENT\(S\)](#)

**Complainant Information:**

First Name:	Organization:
Last Name:	Organizational Title:
Street Address:	Preferred Phone:
Building/Floor/Suite:	Alternate Phone:
Address (cont'd):	Country: US
City:	
State:	Email Address:
Zip/Postal Code:	Preferred Contact Method:

**Submit Complaint:**

[SUBMIT MY COMPLAINT](#)

United States Access Board  
1331 F Street NW, Suite 5000  
Washington, DC 20004-3133  
(202) 272-0088 (v) (202) 272-0088 (TTY) (202) 272-0083 (fax)  
(800) 872-2253 (v) (800) 945-2622 (TTY)

Done Internet 50%

Previous summary page, over two screen shots and enlarged to 75% (1 of 2)

**United States Access Board**  
A Federal Agency Committed to Accessible Design

**File a Complaint - Review and Submit**

Your Progress:	Step 1 Building or Facility Information	Step 2 Accessibility Barriers	Step 3 Complainant Information	Step 4 Review and Submit	Step 5 Confirmation
Status	<a href="#">COMPLETE</a>   <a href="#">EDIT</a>	<a href="#">COMPLETE</a>   <a href="#">EDIT</a>	<a href="#">COMPLETE</a>   <a href="#">EDIT</a>	In Progress	In Progress

**Please do not click your internet browser back button during this complaint process. Please use the "back" and "continue" buttons at the bottom of our screen.**

**Instructions:**  
Please review this complaint summary. You may use the "complete|edit" links in the status tabs at the top of this page to return to and edit previous pages of this complaint. When you are satisfied with your complaint, please click the "submit my complaint" button at the bottom of this page.

**Facility / Building Information:**

Building/Facility Name: Sample	Building/Facility Type:
Street Address: Sample	Building/Floor/Suite:
Address (cont'd):	Building/Facility Telephone:
City/Province:	Country: US
State:	Zip/Postal Code: Sample

**Accessibility Barrier(s):**

OTHER/NOT KNOWN; Sample

**You may attach a drawing, map, photo or sketch to this complaint by selecting a file from your computer:**

Note: Attachments will be uploaded upon submitting this form. Large attachments may take a few moments to upload. Please click "submit my complaint" only once.

Upload File

[ADD ATTACHMENT](#) [REMOVE SELECTED ATTACHMENT\(S\)](#)

**Complainant Information:**

First Name:	Organization:
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Done Internet 75%

OTHER/NOT KNOWN; Sample

You may attach a drawing, map, photo or sketch to this complaint by selecting a file from your computer:

Note: Attachments will be uploaded upon submitting this form. Large attachments may take a few moments to upload. Please click "submit my complaint" only once.

Upload File

ADD ATTACHMENT

REMOVE SELECTED ATTACHMENT(S)

Complainant Information:

First Name:	Organization:
Last Name:	Organizational Title:
Street Address:	Preferred Phone:
Building/Floor/Suite:	Alternate Phone:
Address (cont'd):	Country: US
City:	Email Address:
State:	Preferred Contact Method:
Zip/Postal Code:	

Submit Complaint:

SUBMIT MY COMPLAINT

United States Access Board  
1331 F Street NW, Suite 1000  
Washington, DC 20004-1111  
(202) 272-0080 (v) (202) 272-0082 (TTY) (202) 272-0081 (fax)  
(800) 872-2253 (v) (800) 993-2822 (TTY)

**Your Progress:** 1. Facility Information ✓ 2. Architectural Barrier ✓ 3. Your Information ✓ 4. Review and Submit ✓ 5. Confirmation ✓

You have successfully submitted a complaint to The United States Access Board.

Complaint Number:13-0255  
Please refer to this number for any correspondence pertaining to your complaint.

**PRINT COMPLAINT**

If you have another complaint about another facility, [File Another Complaint](#) .  
Otherwise, [Return to the United States Access Board website](#) . or simply close this browser window.



**United States Access Board**  
1331 F Street NW, Suite 1000  
Washington, DC 20004-1111  
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