

File A Complaint

Online Architectural Barriers Act (ABA) Complaint Form

Introduction

The Access Board enforces accessibility standards issued under the Architectural Barriers Act of 1968 (ABA). The ABA requires that buildings or facilities that were constructed or altered by or on behalf of the United States, or leased or financed in whole or in part by the United States, after August 12, 1968, be accessible to individuals with physical disabilities. Anyone can submit a complaint about accessibility barriers at buildings or facilities.

Important Note : Please bear in mind that the only complaints that should be filed through this system are complaints alleging violations of the ABA. Complaints about other government services or issues, such as Social Security Insurance and Social Security Disability Insurance (SSI/SSDI), benefits, tax, motor vehicle, health insurance, welfare, and any other topic unrelated to the accessibility of Federal buildings or facilities, should not be addressed to the Access Board but rather to the appropriate Federal, State, or local entity. Complaints related to accessibility barriers in State or local government buildings, as well as places of public accommodation (restaurants, hotels, bars, movie theaters, etc.), should be directed to the United States Department of Justice, which enforces the [Americans with Disabilities Act of 1990 \(ADA\)](#). For information on other Federal laws that address accessibility and protect the rights of people with disabilities, please refer to [these resources](#).

Filing a Complaint

You may file an ABA complaint with the Access Board using our [Online ABA Complaint Form](#) or by e-mail, fax, or mail (please see the contact information below). Please note that while there is no limit on the number of complaints that you can file, you must submit a separate complaint for each building or facility. If you are filing online, and you wish to submit multiple complaints, you will be prompted after you submit your first complaint with instructions for filing additional complaints.

Instructions for the Online ABA Complaint Form

The Online ABA 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 for the form and that you must complete it in one sitting. To file a complaint, you need to follow these steps:

Step 1: Building or Facility Information. Provide information about the building or facility. (This information is required.)

Step 2: Accessibility Barriers. List and provide a description of all of the accessibility barriers that you have encountered at that building or facility. (This information is required.)

Step 3: Complainant Information. Provide your name and/or contact information if you wish; this information is not required. However, if you provide your contact information, we will be able to communicate with you about our investigation. Pursuant to our regulations, we will not disclose your name and/or contact information to anyone without your express written permission.

Step 4: Review and Submit. If you have any photographs or other supporting documents that you wish to include with your complaint, follow the instructions to upload the electronic file(s). Also, in the Review and Submit section, you can review all of the information you entered in the previous steps and edit it if necessary. Finally, to submit your complaint, click the "Submit My Complaint" button at the bottom of the page.

Step 5: Confirmation. The confirmation page will appear and show an automatically generated complaint number. You will also have an option to print your complaint. Please keep the complaint number with your

records so that you can refer to it if you wish to inquire about the status of your complaint or provide additional information to us in the future.

[To file an ABA complaint concerning a federally funded or leased building or facility, click here to access the Online ABA Complaint Form.](#)

Alternate ABA Complaint Filing Methods

- 1) E-mail to enforce@access-board.gov;
- 2) Fax to (202) 272-0081; or
- 3) Mail to:

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

How We Handle Your Complaint

Within two weeks after filing a complaint, you will receive a formal acknowledgement letter (or e-mail, if you prefer) if you provided your contact information to us. This acknowledgment letter (or e-mail) 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.

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 the ABA, we further investigate to determine if the identified barriers violate an applicable standard. Depending on the result of our investigation, we work with the responsible agency to remedy the identified accessibility barriers or, if we find no violations under the ABA, we will provide you with suggestions on which other entities might be able to assist you.

Statement Concerning the Paperwork Reduction Act

Pursuant to the Paperwork Reduction Act of 1995, and its implementing regulations at 5 CFR 1320.8(b)(3), note that the United States Access Board may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB Control Number. The Online ABA Complaint Form has **OMB Control Number 3014-0012**.

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)

File a Complaint - Building or Facility Information

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 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: ▼

Building or Facility Telephone: () -

CONTINUE >>

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File a Complaint - Accessibility Barriers

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	COMPLETE EDIT	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 ▼	<div style="border: 1px solid black; height: 90px;"></div>
<input type="button" value="ADD ANOTHER ACCESSIBILITY BARRIER"/>	
<input type="button" value="REMOVE SELECTED BARRIER(S)"/>	

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File a Complaint - Complainant Information

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 **COMPLETE|EDIT** **COMPLETE|EDIT** **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: United States

Preferred Phone: () - ext Voice

Alternate Phone: () - ext TTY

File a Complaint - Complainant Information

Email :

Re-type Email:

Preferred Contact Method:

[<< BACK](#)

[CONTINUE >>](#)

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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 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: f

Building/Facility Type:

Street Address: f

Building/Floor/Suite:

Address (cont'd):

Building/Facility Telephone:

City/Province:

Country: US

State:

Zip/Postal Code: 20906

Accessibility Barrier(s):

Curb Ramps; s

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: --E

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

File a Complaint- Success

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

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

Complaint Number:17-0018

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.

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