



UNITED STATES ACCESS BOARD

Advancing Full Access and Inclusion for All

Online Architectural Barriers Act (ABA) Complaint Form

Please use this form to file a complaint alleging violations at the Architectural Barriers Act of 1968 (ABA). If you provide your contact information, we will be in touch with you about your complaint within one (1) week. For information about how we handle ABA complaints, visit the Access Board ABA Enforcement page (<https://www.access-board.gov/enforcement/investigation.html>). Should you have any questions, please e-mail us at enforce@access-board.gov (mailto:enforce@access-board.gov) (preferred) or call (202) 272-0050 (voice) or (202) 272-0066 (TTY).

Note: Asterisks indicate required fields.

Section 1: Building or Facility Information

REQUIRED: Identify the building or facility where you encountered barriers.

Building or Facility Name*:

Building/Facility Name is Required

Street Address (or PO Box):

Building/Floor/Suite:

Address (continued):

City*:

City is Required

State*:

State is Required

ZIP/Postal Code:

Country:

United States

Building or Facility Telephone:

Section 2: Accessibility Barriers

REQUIRED: Using the provided text box, identify and describe the first accessibility barrier that you found at the building or facility. If you wish to include another accessibility barrier in your complaint, select "Add Another Accessibility Barrier." This will add another text box that must be filled in. Repeat the process to add additional barriers. To delete one or more barriers, select the checkbox number that corresponds to the description text box and then select "Remove Selected Barrier(s)."

Describe the barriers at this facility

1

Required *

Add Another Accessibility Barrier

Remove Selected Barrier(s)

At least 1 Barrier is Required. Each barrier added must be filled out.

Section 3: Complainant Information

OPTIONAL: If you wish, provide your contact information so that we can reach you regarding your complaint. We will not disclose your personal information without your express written permission.

First Name:

Last Name:

Organization (if applicable):

Organizational Title (if applicable):

Street Address:

Address (continued):

City:

State:

Zip/Postal Code:

Country:

Preferred Phone:

Voice



Alternate Phone:

TTY



Email:

Confirm Email:

Preferred Contact Method:

Section 4: Attachments

OPTIONAL: If you have documents, photographs, or other files that may aid us in our investigation, we welcome you to upload them. To add an attachment, select "Choose Files..." That will bring up your computer's file browser, where you can select one or more relevant files and then select "Open." That will then populate the "File attachment(s)" text box. Then use the "File(s) Description" text box to provide a written description of your attachment(s). Please note that large attachments may take a few moments to upload. To delete one or more attachments, select the corresponding "Remove File" icon located after the applicable attachment(s).

File attachment(s):

Choose Files No file chosen

File(s) Description:

Section 5: Submit

The Submit button will be enabled when all required fields have been completed. Please select "Submit My Complaint" only once. Take note of the automatically generated complaint number that appears on the confirmation page.

Submit My Complaint

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 (Expiration Date: 9/30/2023).