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U.S. Access Board

File an Architectural Barriers Act (ABA) Complaint

Please use this form to file a complaint alleging violations of the Architectural Barriers Act of 1968 (ABA). For information about how we handle ABA complaints, visit the [Access Board ABA Enforcement](https://www.access-board.gov/enforcement/) (<https://www.access-board.gov/enforcement/>) page. Should you have any questions, please e-mail us at enforce@access-board.gov (preferred) or call (202) 272-0050 (voice) or (202) 272-0066 (TTY).

Building or Facility

Accessibility
Barrier

Complainant
Info (Optional)

Attachments

Review

1 of 5 Building or Facility Information

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

Note: * indicate required fields.

Building or Facility Name *

Street Address

Address Line 2

Floor or Suite

City *

State *

ZIP Code

Country

Facility Telephone Number

Paperwork Reduction Act Statement

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: 10/31/2026).

Privacy Act Statement

Authority: The legal authority for collecting the information is 29 U.S.C. 792(b)(1); 42 U.S.C. 4151 et seq.; 36 CFR 1150; and 36 CFR 1191.

Purpose: The collection of contact information, which is voluntary, is to permit the agency to communicate with complainants throughout the investigative process.

Routine Uses: The information collected in the complaint form may be disclosed to a federal agency for the purpose of investigation and informal or formal resolution of the alleged violation of the ABA or if requested by another Federal agency pursuant to an administrative, civil, or criminal legal proceeding in which the Federal agency is a party. The identity of the complainant will only be shared if the complainant consents to disclosure. The information collected may also be disclosed in accordance with the other routine uses listed in the SORN USAB.002 CTS. [Access Board Privacy Policy \(https://www.access-board.gov/about/policy/privacy.html\)](https://www.access-board.gov/about/policy/privacy.html).

Disclosure: Voluntary; however, failure to provide contact information will prevent the Access Board from keeping complainants up to date on the status of the investigation or any corrective action taken by the agency or department in question.



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[Building or Facility](#)

Accessibility Barrier

Complainant Info (Optional)

Attachments

Review

2 of 5 Accessibility Barrier Details

REQUIRED: Describe the accessibility barriers *

Identify and describe the accessibility barriers that you encountered at the building or facility. Please be specific. If you are filing this complaint anonymously, we must have detailed information sufficient to explain to the subject agency the location of the barrier within the facility and the specific accessibility issue. Please note that failure to provide information sufficient to identify the specific barrier(s) in question may result in closure of your complaint without an investigation (4096 character limit).

0 of 4096 characters allowed

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[Building or Facility](#)

[Accessibility Barrier](#)

Complainant Info (Optional)

Attachments

Review

3 of 5 Complainant Information (Optional)

OPTIONAL: You may provide your contact information so that we can reach you regarding your complaint. We may request any additional information needed to investigate your complaint and we will inform you of the outcome. We will not disclose your identity or personal information without your express written permission.

☐ **I wish to remain anonymous**

First Name *

Last Name *

s

Organization (if applicable)

Organizational Title (if applicable)

Street Address

Address Line 2

City

State

ZIP Code

- Select -

Country

United States

Email Address *

Preferred Phone

Alternate Phone

Preferred Contact Method:



Email



Phone

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[Building or Facility](#)

[Accessibility Barrier](#)

[Complainant Info \(Optional\)](#)

Attachments

Review

4 of 5 Attachments

OPTIONAL: If you have documents, photographs, or other files that may aid us in our investigation, we welcome you to upload them. If you have difficulty uploading documents you may send them to enforce@access-board.gov noting that you have already submitted a complaint.

To attach files:

- Drag and drop files directly into the box below.
- Or, select "Upload Supporting Document(s)" to choose files from your device.

Your selected files will be listed below and will be securely uploaded when you submit your final complaint. Large attachments may cause the final submission to take a few moments.



Upload Supporting Document(s)

Click to browse or drag files here

Accepted types: PDF, JPG, PNG, DOC, DOCX, TXT

Limits: Max 10 files, up to 4MB each

Note: To submit email correspondence as evidence, please "Print to PDF" from your email client and upload the PDF.

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