Form Word: 2841-1b - ADA Self-Evaluation Form
Section: Americans With Disabilities Act (ADA)
Office/Department: oEEO

Reports To: DD Admin/General Counsel
Contact: 404-631-1000

See below
ADA Self-Evaluation: ____________________________________________

Name of City/County and/or Activity: ______________________________

Address: _________________________________________________________

Number of Employees: ____________________________________________

1. Do you have a statement that prohibits discrimination on the basis of disability in the provision of or admission to your programs, services and activities as required by the Title II ADA and Section 504 regulations (statement of non-discrimination)?

   ☐ Yes  ☐ No

2. Have you designated an employee responsible for compliance with the regulations (Coordinator)?

   ☐ Yes  ☐ No

3. Have you informed the public of the name, title, office address and phone number of the Coordinator?

   ☐ Yes  ☐ No

4. Is your statement of nondiscrimination included in recruitment materials or publications containing general information that it makes available to participants, beneficiaries, applicants, or employees?

   ☐ Yes  ☐ No

Signature: _____________________________  Title: _____________________________

Date: _________________________________

Return to: Georgia Department of Transportation
Equal Employment Opportunity Office
600 West Peachtree Street, N.W., 7th Floor
Atlanta, GA 30308
ATTENTION: ADA Coordinator

   PHONE: (404) 631-1972
   FAX: (404) 631-1943
References:
Click here to enter Policy references, if any.

History:
annual review:
added to Publications: 12/18/12
Reviewed: 4/26/2019