



GDOT Publications Policies & Procedures

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: _____
YEAR

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