

**COMPLAINT**  
**To United States Department of Justice, Disability Rights Section**  
**Regarding Access under Title III, Americans with Disabilities Act**

No. \_\_\_\_\_ (to be filled in by Department of Justice)

This is a complaint for denial of access to a person with disabilities using a Segway for mobility. The complaint details specific occasion(s) when access was denied EITHER:

- by the entity/location INFORMING the complainant that Segway access WOULD BE DENIED (whether or not the denial was experienced at the entity/location)

or

- access WAS DENIED when complainant came to the entity/location.

<b>COMPLAINANT</b>	
Name	_____
Address	_____ _____
Telephones	_____
Birthdate	_____

<b>RESPONDENT</b>	
Complaint is against whom?	_____
Name	_____
Address	_____ _____
Nature of Respondent	<input type="radio"/> Theme Park <input type="radio"/> Zoo <input type="radio"/> Library <input type="radio"/> Public Park <input type="radio"/> Entertainment Venue <input type="radio"/> Professional Office (Identify type: _____) <input type="radio"/> Mixed use building (Identify type: _____) <input type="radio"/> Other (Identify type: _____)

**DENIAL OF ACCESS**

Date of denial of access

\_\_\_\_\_

- In person. I was present at the Respondent's location
- By telephone. I called and was told that Segways were not allowed.
- By email. I emailed (or received an email) and was told Segways were not allowed.
- Other (Explain) \_\_\_\_\_

Incident

Describe what you requested and the response from Respondent.

Did you tell Respondent that you are a person with disabilities who relies on a Segway for mobility? \_\_\_\_\_

Include any known names of people you spoke with or met with.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policy?

Were you told that exclusion of Segways used by people with disabilities was Respondent's policy for all disabled Segway users? \_\_\_\_\_  
(yes/no/other)

Were you told that the exclusion was specific to you and your situation?  
\_\_\_\_\_ (yes/no/other)

<b>SEGWAY USE</b>	
Nature of Your Disability (summary)	_____
	_____
	_____
	_____
	_____
	_____
Use	Do you rely on Segway for your mobility? _____ (yes/no/other)
	How often do you use your Segway? _____

DATE/SIGN X \_\_\_\_\_(sign) \_\_\_\_\_(date)

PRINT NAME \_\_\_\_\_