

**ADA COMPLAINT FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Person discriminated against: \_\_\_\_\_

Address of person discriminated against (if other than you): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

What was the date of the alleged discrimination? \_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_

Describe the alleged discriminatory action: (Please add extra sheets if necessary)

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

Please list any and all witnesses' names and phone numbers:

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

What steps have you taken to address the conflict or problem?

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

What type of corrective action took place?

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

What remedy are you seeking?

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

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the Title VI Coordinator:

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name