

Title II of the Americans with Disabilities Act

Section 504 of the Rehabilitation Act of 1973

Discrimination Complaint Form

COMPLAINANT

FULL NAME

CONTACT PHONE #

MAILING ADDRESS

EMAIL ADDRESS

PERSON DISCRIMINATED AGAINST (IF DIFFERENT FROM COMPLAINANT)

FULL NAME

CONTACT PHONE #

MAILING ADDRESS

EMAIL ADDRESS

DESCRIPTION OF INCIDENT

DEPARTMENT OR EMPLOYEE WHICH YOU BELIEVE HAS DISCRIMINATED

FULL NAME

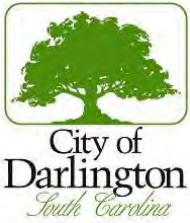
CONTACT PHONE #

MAILING ADDRESS

EMAIL ADDRESS

DESCRIBE ALLEDGED DISCRIMINATORY BEHAVIOR

Have efforts been made to resolve this complaint? (Describe)



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Has the complaint been filed with another department or agency?

DEPARTMENT OR EMPLOYEE WHICH YOU BELIEVE HAS DISCRIMINATED

FULL NAME CONTACT PHONE #

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Do you intend on filing with another agency? yes no

Additional Comments

Signature Date