

Name	Phone Number	Alternate Phone Number
Address		
City	State	ZIP Code
Email Address		Date
Preferred method of contact <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail		
Select each of the following that are applicable to the access barrier or discrimination complaint: <input type="checkbox"/> Public rights-of-way <input type="checkbox"/> Program <input type="checkbox"/> Service <input type="checkbox"/> Activity		
Provide a detailed explanation of the accessibility barrier or discrimination complaint. Explain as clearly as possible what happened and why you believe that you were discriminated against. Please also include the date of incident if different from the date the complaint is being filed. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information).		
<div style="text-align: center; padding-top: 200px;"> Please also complete reverse side of form </div>		

Have you filed this complaint with any other federal, state, or local agencies?
Yes No

If yes, list the agency/agencies contact information below.

Agency Name	Contact Name
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Address, City, State, ZIP Code	Phone Number
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Agency Name	Contact Name
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Address, City, State, ZIP Code	Phone Number
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Provide a solution to the complaint.

Complainant signature	Date
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The laws enforced by this agency prohibit retaliation or intimidate against anyone because they have either taken action or participated in action to secure the rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint, or if you have questions regarding the completion of this form, please contact:

INSERT ADA COMPLIANCE OFFICER CONTACT INFORMATION HERE

Office Use Only

Date received	Received by
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