

Americans with Disabilities Act (ADA) Complaint Form

Please use the form below to provide a detailed description of the circumstances of the incident. If known, provide names and contact information of individuals who may have knowledge of the incident. Include any additional information supporting your complaint (please use additional pages as necessary).

Your Name:	Telephone:
Address:	E-mail:
Summary of incident(s):	
Date(s) of alleged incident:	Is the alleged discrimination is on-going:
Name and Position (if known) of person(s) alleged to have discriminated against you:	
Company:	
Location:	
Name of Witness:	Name of Witness:
Address:	Address:
Telephone:	Telephone:
E-mail:	E-mail:

I affirm that all information in this complaint is true and complete to the best of my knowledge and belief.

Signature

Date