

ADA Complaint/Grievance Procedure

In order to process a complaint, a formal complaint must be filed within 180 days (Title II §35.170) of the occurrence of the alleged discriminatory act. Assistance is available upon request by contacting _____ at (XXX) XXX-XXXX. All complaints received by the ADA Coordinator will be retained for five years internally then electronically stored.

Download, Print and complete the form by including all necessary information. The form is located here on the website: _____ and available upon request at (XXX) XXX-XXXX.

Once the form is completed, you can return the form to:

Agency/Organization Name _____

Attn: _____, ADA/504 Coordinator

Address _____

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or their designee will meet or communicate with the complainant. The ADA Coordinator or their designee will respond in writing or in an alternative format accessible to the complainant. This response will explain the position of _____ and offer options for substantive resolution of the complaint.

ADA Complaint Form

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination against people who have disabilities. Title II of the ADA specifically addresses the subject of making public services and public transportation accessible to those with disabilities. Title II provides that, "No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity."

Title 42 U.S.C. Section 12132

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact _____ at (000) 000-000.

Complete this form and return to:

Agency/Organization: _____
Attn: _____
Address: _____

Complainant's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone (Home): _____ Telephone (Work): _____

Person(s) discriminated against (if other than complainant)

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone (Home): _____ Telephone (Work): _____

What is the discrimination based on?

Disability

Date of the alleged discrimination: _____ Location: _____

Agency or person that was responsible for the alleged discrimination: _____

Have you filed this complaint with any other Federal, State, or local agency? If so, whom?

What remedy are you seeking?

List names and contact information of persons who may have knowledge of the alleged discrimination. _____

Describe the alleged discrimination. Explain what happened and whom you believe as responsible. _____

Please sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information you think is relevant to your complaint.

Signature _____ Date _____

Departments, Programs, Activities and Services	Evaluation Date	Comments
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