



**AMERICANS WITH DISABILITIES ACT  
COMPLAINT FORM**

Please type or print and return completed form to:

Office of Risk Management - ADA Title II Coordinator  
Los Angeles County Office of Education  
9300 Imperial Highway  
Downey, CA 90242  
(562) 803-8297

TODAY'S DATE		
NAME OF PERSON FILING THIS COMPLAINT		
COMPLAINANTS' ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)		
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
NAME OF THE PERSON DISCRIMINATED AGAINST, IF OTHER THAN THE PERSON FILING THE COMPLAINT FORM		
ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)		TELEPHONE NUMBER

Nature of Complaint is:	
DEPARTMENT	ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)
Additional Information:	

Accommodation Requested:

SIGNATURE OF PERSON FILING THIS COMPLAINT	PRINTED NAME OF PERSON FILING
SIGNATURE OF PERSON DISCRIMINATED AGAINST, IF DIFFERENT THAN THE PERSON FILING COMPLAINT	PRINTED NAME OF PERSON