U.S. Department of Justice
Civil Rights Division
Disability Rights Section

OMB No. 1190-0009

Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant:_____

Address:_____

City, State and Zip Code:_____

Telephone: Home: _____

Business:_____

Person Discriminated Against:
(if other than the
complainant)_____

Address:_____

City, State, and Zip Code:_____

Telephone: Home: _____

Business:_____

Government, or organization, or institution which you believe has discriminated:

Name: _____

Address:_____

County:_____

City:_____

State and Zip Code:_____

Telephone Number:_____

When did the discrimination occur? Date:

_____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary):

_____
_____
_____
_____
_____

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes_____ No_____

If yes: what is the status of the
grievance?_____
_____
_____

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes_____ No_____

If yes:

Agency or Court_____

Contact Person:_____

Address:_____

City, State, and Zip Code:_____

Telephone Number:_____

Date Filed:_____-

Do you intend to file with another agency or court?

Yes_____ No_____

Agency or Court:_____

Address:_____

City, State and Zip Code:_____

Telephone Number:_____

Additional space for answers:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature: _____

Date: _____

Return to:

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, NW
Disability Rights - NYAV
Washington, D.C. 20530