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

Paperwork Reduction Act Statement:
A federal agency may not conduct or sponsor, and a person is not required to respond
to a collection of information unless it displays a currently valid OMB control
number. Public burden for the collection of this information is estimated to average 45
minutes per response. Comments regarding this collection of information should be
directed to the Department Clearance Officer, U.S. Department of Justice, Justice
Management Division, Office of the Chief Information Officer, Policy and Planning
Staff, Two Constitution Square, 145 North Street, N.E., Room 2E–508, Washington,
D.C. 20530.

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