

TITLE 24 DISABILITY ACCESS STANDARDS COMPLAINT FORM

SECTION I: Person Filling Out Form

Name: _____ Address: _____
City: _____ Email: _____
Home Phone: _____ Business Phone: _____

SECTION II: Discriminatory Incident

Organization: _____ Address: _____
City: _____ Business Phone: _____
Other Phone: _____

SECTION III: Incident Information

Date of Incident: _____

Describe Incident – Use additional sheets, if necessary. Please attach any supporting documentation.

SECTION IV: Incident Resolution

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

Yes No

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, list Agency or Court: _____

SECTION V: Sign & Date

Signature: _____ Date: _____