

U.S. Department of Justice

Civil Rights Division

Disability Rights Section

OMB Control No. 1190-0009.

Americans with Disabilities Act 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 MM/DD/YY _____

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 & Zip: _____

Telephone Number: _____

Date Filed: _____

Do you intend to file with another agency or court? Yes No

Agency or Court: _____

Address: _____

City, State & Zip: _____

Telephone Number: _____

Signature: _____ Date: _____

Return to:

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, NW
Disability Rights NYAV
Washington, DC 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.

Additional Space for Answers: _____
