Complaint of Discrimination on the Basis of Disability Claim Form

Name of individual filing complaint: _____

Address: _____

Phone: _____ E-Mail: _____

If applicable:

Name of authorized representative filing complaint: _____

Address: _____

Phone: _____ E-Mail: _____

Describe in detail the City's alleged discriminatory action:

_____

_____

_____

_____

Provide the date(s), time(s) and location(s) of the incident:

_____

_____

What action would you want taken to correct the alleged discrimination?

_____

_____

Is there any additional information you want the City to know concerning your discrimination claim?

_____

_____

Signature of (check one): Complainant: _____ Authorized representative: _____

Signature: _____ Date: _____

Form Created 06/01/2012