



ADA DISCRIMINATION COMPLAINT FORM

1. Name (Complainant)		4. Person discriminated against (if other than complainant)	
2. Home Address (Street, City, State, Zip)		Name	
3. Telephone (s)		Address	
E-mail Address		City, State, Zip	
		Telephone number(s)	
5. Name of person(s) who allegedly discriminated against you, if known	6. Date of alleged incident	7. Location of alleged incident	
8. Type of alleged discrimination	9. Explain what happened and how you believe you were discriminated against (how you feel other person(s) were treated differently than you) indicate who was involved and explain their role.		
10. Fully identify any person(s) we may contact for additional information to support of clarify your allegations [name, address, telephone(s)]			
11. What other information do you have which is relevant to an investigation of this complaint?			
12. How can your issue(s) be resolved to your satisfaction?		13. If you have filed this complaint with The M(MAP) before, please specify when, where, and how?	
Signature		Date:	
Intake by (ADA Investigator):			
If you need more space, attach additional sheet(s). Attach any supporting documentation you have.			