ADA DISCRIMINATION COMPLAINT FORM

1. Name (Complainant) **2. Home Address (Street, City, State, Zip)** **3. Telephone (s)** **E-mail Address**	**4. Person discriminated against (if other than complainant)** **Name** **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) where 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.		