

City of Richmond
Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973
ADA Discrimination Complaint Form

Name of Complainant:

Street Address:

City, State and Zip:

Home Telephone:

Business Telephone:

Person completing form (If other than the complainant):

Street Address:

City, State and Zip:

Home Telephone:

Business Telephone:

City Agency or Department which you believe has discriminated

Name:

Street Address:

City, State and Zip:

Have efforts been made to resolve this complaint with the Agency or Department?

Yes No

Not Applicable

If yes, what is the outcome?

Has the complaint been filed with any other Federal, State or local civil rights agency or court?

Yes No

Not Applicable

If yes, which Agency or Court:

Contact Person:

