ADA DISCRIMINATION COMPLAINT FORM

Last Name	First Name	Middle Initial
Address	City	State/Zip Code
Name of person(s) who allegedly discriminated against you, if known	Location of alleged incident	Date of alleged incident

Type of alleged discrimination	Fully identify any persons we may contact for additional information to support or clarify your allegations (name, address, telephone(s).	What other information do you have which is relevant to an investigation of this complaint?

Please provide a detailed description of the basis for your ADA complaint.
(Your description may include the specific accessibility concern at issue, any events that occurred and how you believe they resulted in discrimination, any individuals involved and their roles in the matter).

Signature:	Date:	Intake by (CCE Staff):

If you are someone other than the complainant completing this form, please provide your name, address and telephone number: