



Americans with Disabilities Act - Title II Public Accommodations

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:



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When did the alleged discrimination occur?

Describe the acts and location of alleged discrimination. Provide the name(s) where possible of the individuals involved in the act.

Signature

Date

**Submit the Discrimination Complaint Form to the Department of Human Resources
ADA Coordinator, 900 East Broad Street, 9th floor Room 902
Richmond, VA 23219**