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 \square
If yes, what is the outcome?	
Has the complaint been filed with any other Fed	deral, 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

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