

LAKE COUNTRY AREA AGENCY ON AGING ADA COMPLAINT FORM

- Please fill out this form completely.
- Print or type the information.
- Sign and return this form to the address shown below.

Complainant Name:

Address:

City, State, and Zip:

Home Phone:

Cell Phone:

Email:

Person discriminated against (if other than complainant):

Address:

City, State, and Zip:

Home Phone:

Cell Phone:

Email:

Government, organization, or institution which you believe has committed a discriminating act:

Complainant Name:

Address:

City, State, and Zip:

Home Phone:

Cell Phone:

Email:

When did the discrimination occur?

Date:

Time:

Where did the discrimination occur?

Location:

Describe the acts of discrimination providing names (where possible) of individuals along with details of the incident including the bus and route numbers (if applicable):

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

Yes:

No:

If yes, please provide the following information:

Agency or Court:

Contact Person:

Address:

City, State, and Zip: