ADA Complaint Form

Instructions: Please fill out this form completely, in black ink or type

Sign and return to address on last page

Complaintant:

Complaintant’s Street Address:

 City, State and Zip Code:

 Home Telephone Number:

 Business Telephone Number:

Person Discriminated Against (if other than Complaintant):

 Street Address:

 City, State and Zip Code:

 Home Telephone Number:

 Business Telephone Number:

Government, organization or institution which you believe has discriminated:

 Street Address:

 City, State and Zip Code:

 Telephone Number:

When did the discrimination occur? (Date and time)

Please describe the acts of discrimination, providing the name(s) where possible of the individual(s) who discriminated:

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization or institution? Yes or No (circle one)

If yes, what is the status of the grievance?

Has the complaint been filed with another bureau of the Department of Justice

 or any other federal, state or local civil rights agency or court? Yes or No (circle one)

If yes:

Agency or Court:

Contact Person:

Address:

City, State and Zip Code:

Telephone Number:

Date Filed:

Do you intend to file with another agency or court? Yes or No (circle one)

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Agency or Court:

Contact Person:

Address:

City, State and Zip Code:

Telephone Number:

Date Filed:

Signature:

Date:

Return complaint form to:

 Wilkes County Board of Commissioners

 23 Court Street, Room 222

 Washington, GA 30673