



ADA DISCRIMINATION COMPLAINT FORM

| | | | |
|--|--|--|--|
| 1. Name (Complainant) | | 4. Person discriminated against (if other than complainant) | |
| 2. Home Address (Street, City, State, Zip) | | Name | |
| 3. Telephone (s) | | Address | |
| E-mail Address | | City, State, Zip | |
| 5. Name of person(s) who allegedly discriminated against you, if known | | 6. Date of allegedly incident | 7. Location of alleged incident |
| 8. Type of alleged discrimination | | 9. Explain what happened and how you believe you were discriminated against (how you feel other person were treated differently than you) Indicate who was involved and explain their role. | |
| 10. Fully identify any person(s) we may contact for additional information to support of clarify your allegations [name, address, telephone(s)] | | | |
| 11. What other information do you have which is relevant to an investigation of this complaint? | | | |
| 12. How can your issue(s) be resolved to your satisfaction? | | 13. If you have filed this complaint with JTA before, please specify when, where, and how? | |
| Signature | | Date: | |
| Intake by (ADA Investigator): | | | |

If you need more space, attach additional sheet(s). Attach any supporting documentation.