

Americans with Disabilities Act Discrimination Complaint Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant: _____

Address: _____

City, State and Zip Code: _____

Home Phone: _____

Mobile Phone: _____

Business: _____

Person Discriminated Against (if other than the complainant): _____

Address: City, State, and Zip Code: _____

Home Phone: _____

Mobile Phone: _____

Business: _____

Government, or organization, or institution which you believe has discriminated:

Name: _____

Address: _____

County: _____

City: _____

State and Zip Code: _____

Telephone Number: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary):

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes _____ No _____

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 _____ No _____

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 _____ No _____

Agency or Court: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Additional space for
answers:

Signature: _____

Date: _____

Return to:

City of Austin

Attn: Craig Clark, City Administrator and ADA Coordinator

500 4th Avenue NE

Austin, MN 55912