
OMB No. 1190-0009

**Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
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:

Telephone: Home:

Telephone: Cellular:

Person Discriminated Against:

(if other than the complainant)

Address:

City, State, and Zip Code:

Telephone: Home:

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:

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:

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, NW
Disability Rights - NYAV
Washington, D.C. 20530

Paperwork Reduction Act Statement:

A federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public burden for the collection of this information is estimated to average 45 minutes per response. Comments regarding this collection of information should be directed to the Department Clearance Officer, U.S. Department of Justice, Justice Management Division, Office of the Chief Information Officer, Policy and Planning Staff, Two Constitution Square, 145 North Street, N.E., Room 2E-508, Washington, D.C. 20530.
OMB No. 1190-0009. Expiration Date: May 31, 2015.