Community Access Unlimited
Americans with Disabilities Act (ADA) Complaint Form

Community Access Unlimited is committed to ensuring that no person is denied access to its services, programs, or activities on the basis of their disabilities, as provided by title II of the Americans with Disabilities Act of 1990 ("ADA"). ADA complaints must be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, or if you would like to make a verbal complaint, please contact the Human Resources Department.

Complainant Name: _____________________________________________

Phone: ___________________ Alternate Phone: ___________________

Street Address: ________________________________________________

City, State, Zip Code: __________________________________________

Person Preparing Complaint (if different from Complainant): ________

Street Address, City, State, Zip Code: _____________________________

Date of Incident: __________________

Please describe the alleged discriminatory incident, including the location(s), if applicable. Provide the names and titles of Community Access Unlimited employees involved, if available.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Have you filed a complaint with any other federal, state, or local agencies? Yes/No (Circle One).
If so, list agency/agencies and contact information below:

Agency 1 Name: ________________________________________________

Street Address, City, State, Zip Code: _____________________________

Contact Name: ___________________ Phone: ___________________
Agency Name: ________________________________
Street Address, City, State, Zip Code: ________________________________
Contact Name: ________________________________ Phone: ________________________________

Complainant's Signed Affirmation

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

Complainant's Signature ________________________________ Date ________________________________

Print or Type Name of Complainant ________________________________

For Use by Community Access Unlimited

Date Received: ________________________________
Received By: ________________________________