



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: _____

(continue on next page)

Agency 2 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: _____