



# Complaint Form

Title II of the American with Disabilities Act Section 504  
of the Rehabilitation Act of 1973

*Please fill out this form completely, in black ink or type. Sign and return to the address below:*

Name of person making this complaint: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If complainant is not the individual completing this form, please enter your:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

Describe the reason for your complaint:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADA Coordinator Monique Gordon**

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For more information or assistance in completing the form, please contact the ADA Coordinator.