

TITLE II OF THE AMERICANS WITH DISABILITIES ACT 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:

Business:

Person Making the Complaint: (if other than Complainant)

Address:

City, State and Zip Code:

Telephone:

Home:

Business:

State Department/Agency complaint is with:

Address:

County:

City:

State and Zip Code:

Telephone Number:

When did the event occur? Date:

Describe the event providing the name(s) where possible for the individuals who were involved (use space on page 3 if necessary):

Has the complaint been filed with the Michigan Department of Civil Rights or the Federal Department of Justice or any other Federal 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:

Signature:

Date:

Return to:

Kimberly Wooldridge, Esq.
Department of Civil Rights
Legal Affairs / ADA review
3054 W. Grand Boulevard
Cadillac Place
Suite 3-600
Detroit, Michigan 48202

