

Title II of the Americans with Disabilities Act (ADA)

COMPLAINT FORM

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on Page 2.

COMPLAINANT INFORMATION		
Name:		
Address:		
City:	State:	Zip Code:
Home Telephone:		Business Telephone:
PERSON MAKING THE COMPLAINT (if other than the complainant)		
Name:		
Address:		
City:	State:	Zip Code:
Home Telephone:		Business Telephone:
DEPARTMENT/AGENCY WHICH YOU BELIEVE HAS DISCRIMINATED		
Name:		
Address:		
County:		
City:	State:	Zip Code:
Business Telephone:		
When Did the Event Occur? Date:		
Describe the Event (providing the name(s) where possible for the individuals who were involved. Use additional paper as 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide Agency or Court:		
Contact Person:		
Address:		
City:	State:	Zip Code:
Business Telephone:		Date Filed:
Do you intend to file with another agency or court? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide Agency or Court:		
Address:		
City:	State:	Zip Code:
Business Telephone:		Date to be Filed:
Additional space for answers:		
Signature:		Date:

Please return to:
Cathy Howell
Michigan State Police, Human Resources Division
P. O. Box 30634
Lansing, Michigan 48909
Telephone: 517-241-1465, Fax: 517-241-1459