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## Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 2. If filling out this form presents a hardship for you, you may orally report your claim by contacting the ADA coordinator at (360) 993-8845.

Complainant: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Person Discriminated Against: \_\_\_\_\_  
(if other than the complainant)

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

City, State and Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

District department which you believe has discriminated: \_\_\_\_\_

Name: \_\_\_\_\_

When did the discrimination occur? \_\_\_\_\_

Describe the acts of discrimination, providing the name(s) where possible, of the individuals who you believe discriminated (use space on page 2 if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State or local civil rights 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 \_\_\_\_\_

If yes:

Agency or Court: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

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

Additional space for answers:

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

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

Return to:

Hugh Findlay  
ADA Coordinator  
8000 NE 52<sup>nd</sup> Ct.  
Vancouver, WA 98665