



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) 993-8830.

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:

Signature: _____

Date: _____

Return to:

Hilary Gorham
ADA Coordinator
8000 NE 52nd Ct.
Vancouver, WA 98665