



American with Disability Act (ADA) Discrimination Form

Please complete this form. If you wish to send attachments, you may do so after submitting this form. You will receive a response email after you have submitted this form that will contain a complaint reference number and instructions on how you may send attachments.

Section I

Name: _____

Address: _____

Street

City

State

Zip

Telephone Numbers:

Home: _____ Work: _____ Other: _____

E-Mail Address: _____

Section II:

Are you filing this complaint on your own behalf? Yes _____ No _____

(If you answered "yes" to this question, go to Section III)

If not, please supply the name and relationship of the person for whom you are complaining:

Name: _____ Relationship: _____

Please explain why you have filed for a third party. _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes _____ No _____.

Section III:

Describe the acts of discrimination:

Section IV:

Have you previously filed a ADA complaint with PART? Yes _____ No _____

If yes, what was your PART Complaint No? _____

(Note: This information is needed for administration purposes; we will assign the same complaint number to the new complaint.)

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 you answered yes, who did you file the complaint with?) _____

Have you filed a lawsuit regarding this complaint? Yes _____ No _____

If yes, please provide a copy of the complaint form. (Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the Court.

Section V:

Complaint is against: _____

Contact Person: _____ Title: _____

Telephone Number: _____

Attached is a blank sheet of paper to describe your complaint. Please use additional sheets if necessary.

Section VI:

Please sign here: _____ Date: _____

(Note: We cannot accept your complaint without a signature)

Please mail your completed form to:

**PART
Director of Operations
107 Arrow Rd.
Greensboro, NC 27409**