

**DORCHESTER COUNTY HUMAN RESOURCES
ADA COMPLAINT FORM**

Grievant Information

Grievant Name: _____ Home Phone
(include area code): _____
Address: _____ Business Phone
(include area code): _____
Mobile Phone
(include area code): _____

Alternative Contact Person (other than Grievant)

Name: _____ Home Phone
(include area code): _____
Address: _____ Business Phone
(include area code): _____
Relationship
To Client: _____

Witnesses to the discrimination

Name: _____ Home Phone
(include area code): _____
Address: _____ Business Phone
(include area code): _____

Name: _____ Home Phone
(include area code): _____
Address: _____ Business Phone
(include area code): _____

Government, organization, institution or business which you believe has discriminated

Date and Location of Alleged Violation (dd/mm/yyyy)

Description of Alleged Violation and Requested Remedy

Has this case been filed with the Department of Justice or other government agency or court?

Yes No

If You Answered "Yes" to the Previous Question, Complete the Following

Agency or Court: _____ Contact Person: _____
Address: _____ Phone
(include area code): _____
Date Filed: _____

Other Comments

Signature: _____ Date: _____