

Discrimination Complaint
Request for Reasonable Accommodation, Provision or Action
Please request reasonable accommodation in filing this form when necessary.

Name: _____

Address: _____ **City:** _____

State, Zip Code: _____ **Telephone:** _____
Home: _____ **Business:** _____

Person Discriminated Against/Requesting Reasonable Accommodation: _____

Address: _____ **City:** _____

State, Zip Code: _____ **Telephone:** _____
Home: _____ **Business:** _____

Government, institution you believe has discriminated: _____

Name: _____

Address: _____ **City:** _____

State, Zip Code: _____ **Telephone Number:** _____
County: _____

Date when the discrimination occurred? _____

Place where the discrimination occurred. _____

Describe specifically the act/acts of discrimination. Provide names of individuals who you feel discriminated. Specify documentation enclosed.

Describe your request for Reasonable Accommodation. Be as specific as possible:

Signature: _____ **Date:** _____