

ADA Complaint Form

| | |
|---|-------------------|
| Name of Complainant | Home Phone |
| Home Address | Work Phone |
| Email | |
| Person discriminated against (if other than Complainant) | Home Phone |
| Home Address | Work Phone |

1. Specific basis of discrimination:

2. Date of alleged discriminatory acts: _____

3. Respondent (Name, position and work location of person you believe discriminated against you (if applicable):

| | |
|-----------------|----------------------|
| Name | |
| Position | Work Location |

(CONTINUE TO COMPLETE REVERSE SIDE)

4. Describe as clearly as possible how you believe you were discriminated against. What happened, where did it happen, and who was responsible? If needed, attach additional sheets of paper.

5. Did you file this complaint with another federal, state or local agency; or with a federal or state court? YES NO

FEDERAL AGENCY FEDERAL COURT STATE AGENCY STATE COURT LOCAL AGENCY

Agency Name and Date Filed _____

6. Provide contact person information for the additional agency or court:

| | |
|---------------------|-------------------|
| Name | Home Phone |
| Home Address | Work Phone |

Sign complaint in the space below. Attach any supporting documents.

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|

Please complete and return to:

The Village Centers

ATTN: Jessica Morales, Executive Director

info@thevillagecenters.org

or

3819 Plum Valley Drive

Kingwood, TX 77339