



**PUBLIC COMPLAINT OF DISCRIMINATION
ON THE BASIS OF DISABILITY
CLAIM FORM**

Identity of individual who believes he/she has been discriminated against on the basis of disability:

Name Address Phone No.

Have you authorized someone to file this complaint on your behalf?
___ Yes ___ No If yes, please provide the following information for the authorized representative:

Name Address Phone No.

Please describe the City's alleged discriminatory action in enough detail so that the nature of your complaint can be clearly understood:

Please give the date(s), time(s), and location(s) of the incident(s):

If the incident(s) involved a City employee(s), please provide his or her name(s) and/or badge number(s), if you know this information:

Please give the name(s) and address(es), if known, of any witnesses to the alleged discrimination:

If this complaint is filed on behalf of a group of people or on behalf of a third person, please provide the names and addresses of all of the victims of the alleged discrimination, if possible:

What action do you want taken to correct the alleged discrimination?

Is there any other information you want the City to know concerning your discrimination claim?

Signature of (check one)

Victim of alleged discrimination

Authorized representative

Signature

Date