

Title II of the Americans With Disabilities Act Complaint Form

Instructions: Please fill out this form completely, in black ink or with your computer. Sign it and return to the address on page 3.

Complainant Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Numbers

Home: _____

Cell: _____

Work: _____

Person making the complaint (if other than complainant)

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Numbers

Home: _____

Cell: _____

Work: _____

State Department/Agency Complaint is with:

Address: _____

County: _____

City, State, Zip Code: _____

Telephone Number: _____

When did this event occur (date)? _____

Describe the event, providing the name(s) where possible for the people who were involved.
Use space on page 3 if necessary.

Has a complaint been filed with the Michigan Department of Civil Rights or the US Department of Justice, or any other Federal Agency or Court?

Yes _____ No _____

If yes, Agency or Court: _____

Contact Person: _____

City, State, Zip Code: _____

Telephone Number: _____

Date Filed: _____

Do you plan to file with another agency or court?

Yes _____ No _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Signature: _____

Date: _____

(Additional space to describe event from the top of page 2):

Return to:

Kimberly Wooldridge, Esq.
Department of Civil Rights
Legal Affairs/ADA Review
3054 W. Grand Boulevard
Cadillac Place, Suite 3-600
Detroit, Michigan 48202

