

City of Terre Haute

ADA COMPLAINT FORM

If you feel you have been discriminated against because of a disability, please provide the following information in order to assist us in processing your complaint

Email it to:

Human.Relations@TerreHaute.IN.Gov

Mail it to:

ADA Coordinator

City of Terre Haute

17 Harding Ave.

Terre Haute, IN 47807

Section I:				
Name:				
Address:				
Telephone (Cell/Home):			Telephone (Work):	
E-Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?		Yes*	No	
*If you answered "yes" to this question, go to Section III.				
If you answered no to this question, please supply the name and relationship of the person for whom you are submitting this form:				
Complainant Name:				
Complainant Address:				

Complainant Telephone (Cell/Home):	Complainant Telephone (Work):
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Complainant E-Mail Address:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No
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Section III:

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin Sex Age Disability Low Income

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known). If more space is needed, please use the back of this form.

Please list names and phone numbers of any and all witnesses to the incident.

What type of corrective action would you like to see taken by the City?

Section IV:

Have you previously filed a ADA complaint with this agency?

Yes

No

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency Federal Court State Agency State Court Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name of Contact person:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:
Telephone number:
Email:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date