

**Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form**

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address at the end of this form.

Complainant: _____

Address: _____

Telephone: Home: _____ Business _____

Person Discriminated Against: _____
(if other than the complainant)

Address: _____

Phone: Home _____ Business _____

Who do you believe has discriminated: _____

When did the discrimination occur? _____

Describe the acts of discrimination providing the name(s) where possible for the individuals who discriminated:

Has this complaint been filed with another government agency or court? Yes _____ No _____

If yes, which agency or court: _____

Contact person with that agency or court: _____

Phone number: _____

Do you intend to file with another agency or court? Yes _____ No _____

Signature: _____ Date: _____

Return to:

ADA Coordinator, Salt Lake City Mayor's Office, City & County Building, 451 South State, Room 306, Salt Lake City, Utah 84111