

City of Sierra Vista, Arizona

Title II of the Americans with Disabilities Act (ADA) 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: Jill Adams, ADA Coordinator, City of Sierra Vista, 1011 N. Coronado Drive, Sierra Vista, Arizona or email to: ADA@SierraVistaAZ.gov

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____

Business: _____

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

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____

Business: _____

City of Sierra Vista Department/Division which you believe has discriminated:

Name:

Address: _____

City, State and Zip Code: _____

Telephone: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (Attach additional pages if necessary):

Have efforts been made to resolve this complaint through the internal grievance procedure of the City of Sierra Vista?

Yes_____ No_____

If yes: what is the status of the grievance?

Do you intend to file with another agency or court?

Yes _____ No _____

Agency or Court: _____

Address: _____

City, State and Zip Code: _____

Telephone: _____

Signature: _____

Date: _____