AGGRIEVED INDIVIDUAL / PERSON WITH DISABILITY

First Name: _________________________________     Last Name: _________________________________
Phone Number: (____) __________________ E-Mail Address: _________________________________
Address: ______________________________ Apt. #: ______ City: _______________ State: ____ Zip Code: _______

DESIGNEE OR PERSON AUTHORIZED TO FILE ON BEHALF OF THE AGGRIEVED INDIVIDUAL

First Name: _________________________________     Last Name: _________________________________
Phone Number: (____) __________________ E-Mail Address: _________________________________
Address: ______________________________ Apt. #: ______ City: _______________ State: ____ Zip Code: _______

BUSINESS OR ORGANIZATION BELIEVED TO HAVE DISCRIMINATED

Name of business, organization or institution which you believe has discriminated:
_________________________________________________________________________________________________

Address: ______________________________ Suite #: ______ City: _______________ State: ____ Zip Code: _______

DATE OF INCIDENT     Month: __________ Day: __________ Year: __________

DESCRIPTION OF ACCESSIBILITY COMPLAINT

What discriminatory harm did the person with the disability experience? Please describe the accessibility complaint. Indicate information about the alleged discrimination, including but not limited to location(s) of problem(s), date of problem(s) and description of the problem(s):
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Was the business entity informed of the issue?   ☐ Yes   ☐ No
If Yes, provide the name of the person and date the issue was reported, if known.
First Name: ____________________ Last Name: ____________________ Month: _______ Day: _______ Year: _______

REQUESTED RESOLUTION OF GRIEVANCE

Please state what or how you feel the grievance may be resolved:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

SIGNATURE: ______________________________     DATE: ___________________________