



AMERICANS WITH DISABILITY ACT (ADA) COMPLAINT FORM

Section I:

Name:

Address:

Telephone (Home):

Telephone (Cell):

Email Address:

Accessible Format Requirements? If complaint form is needed in another format, check "Other" and specify your need.

Large Print

Language:

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 not, please provide the name and relationship of the person for whom you are complaining:

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

Section III:

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) as well as the names and contact information of any witnesses. Print and use the back of the form if needed.

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:

Title:

Agency:

Telephone:

Address:

You may attach any written materials or other information you think is relevant to your complaint. Signature and date required below.

Signature:

Date:

Please submit completed form to:

Catholic Charities Fort Worth

ATTN: Quality Assurance

249 W. Thornhill Dr.

Fort Worth, TX 76115

817.534.0814

QA@ccdofw.org