

AMERICANS WITH DISABILITIES ACT (TITLE II) COMPLAINT FORM

The Town of Addison ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format, please contact Ashley Mitchell, ADA/504 Coordinator, at 972-450-7010, or Relay Texas at 1-800-735-2989.

Date of Filing: _____
Name: _____
Address: _____
City, State, Zip Code: _____
Work Phone: _____
Home Phone: _____
Email Address: _____
Date of Alleged Incident: _____



Indicate below the person(s) who you believe discriminated against you:

Name(s): _____
Work Location: _____
Work Phone: _____

Please provide a detailed description of the alleged incidence of discrimination. If there are any witnesses, please provide their contact information. Attach additional pages as necessary.

Please provide a suggested detailed plan or remedy for this complaint. Attach additional pages as necessary.

Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?

Yes No

If so, please provide the following information:

Agency Name: _____

Address: _____

Name of Investigator: _____

Phone Number: _____

Email Address: _____

Date Filed: _____

Status of Complaint: _____

Please attach and/or provide any additional information that might be useful in processing your complaint.

The completed form must be submitted to:

Ashley Mitchell, ADA/504 Coordinator
Deputy City Manager
Town Hall
5300 Belt Line Road
Dallas, TX 75254
Office: 972-450-7010
Relay: 1-800-735-2989
amitchell@addisontx.gov

Signature

Date