

## ADA Discrimination Complaint Form

The Americans with Disabilities Act (ADA) prohibits discrimination based on condition or disability.

The requested information will assist us in processing your complaint. Please let us know if you require any assistance in completing this form.

Complete and return this form to: VCTC Director of Programming, 950 County Square Drive, Suite 207, Ventura CA 93003.

1. Complainant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone Number (home): \_\_\_\_\_ (business): \_\_\_\_\_

5. Person discriminated against (if someone other than the complainant):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. What date did the alleged discrimination take place?

\_\_\_\_\_

7. In your work words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Have you filed this complain with any other federal, state, or local agency; or with any federal or state court?      Yes:       No:

If yes, check each box that applies:

Federal agency            Federal court            State Agency        
State court            Local agency     

9. Please provide information about a contact person at the agency/court where their complaint was filed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

10. Please sign below. You may attach any written materials or other information that you think is relevant to you complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date