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: 


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.
   __________________________________
   __________________________________
   __________________________________
   __________________________________
   __________________________________

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8. 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 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 your complaint.

_________________________________________  ______________________
Complainant’s Signature                          Date