



TITLE II COMPLAINT FORM

disABILITYsa is committed to ensuring that no person is excluded from participation in, or denied the benefits of its service, or otherwise subjected to discrimination, on the basis of disability— as protected by Title II of the Americans with Disabilities Act (ADA.)

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the disABILITYsa Office by email at info@disabilitysa.org or by phone/text at (210) 704-7262.

Please complete, sign, and return this form either by email to access@disabilitysa.org or by mail to:

disABILITYsa
ATTN: Title II
P.O. Box 28243
San Antonio, Texas 78228

Section I:		
Name:		
Address, City, State & Zip Code:		
Telephone (Home/Cell):	Telephone (Work):	
Email Address:		
Section II:		
Are you filing this complaint on your own behalf?	Yes*	No

***If "yes", you are filing on your own behalf, skip to Section III.**

Name of the person for whom you are filing this complaint:

Please explain why you are filing for a third party, and your relationship to the individual you are filing on behalf of:

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:

Date of Alleged Discrimination (Month, Day, Year): _____

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. If more space is needed, please use the back of this form.

Section IV

Have you filed a previous Title VI complaint against this agency?

Yes

No

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 and provide the agency name:

Federal Agency: _____

State Court: _____

Federal Court: _____

Local Agency: _____

State Agency: _____

Please provide contact information for a person at the agency/court where the complaint was filed:

Name:

Title:

Email Address:

Telephone number:

You may include any additional written materials or other documents relevant to your complaint.

I hereby attest that, to the best of my knowledge, the provided information is true.

Signature

Date