

JUNCTION CENTER FOR INDEPENDENT LIVING, INC

Americans with Disabilities Act Discrimination Complaint Form

If you feel that you have been discriminated against because of a disability, please report it using this form.

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant:

Address:

City, State and Zip Code:

Telephone: Home: _____

Business: _____

Person Discriminated Against: _____

(if other than the complainant)

Address: _____

City,

State, and Zip Code: _____

Telephone: Home: _____

Business: _____

Government, or organization, or institution which you believe has discriminated:

Name: _____

Address: _____

County: _____

City: _____

State and Zip Code: _____

Telephone Number: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary):

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes _____ No _____

If yes: what is the status of the grievance?

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes _____ No _____

If yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Date Filed: _____

Do you intend to file with another agency or court?

Yes _____ No _____

Agency or Court: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Additional space for answers:

Signature: _____

Date: _____

To file an ADA complaint by mail, send this completed form to:

E. Dennis Horton, Exec. Dir
JUNCTION CENTER FOR
INDEPENDENT LIVING, INC
1520 THIRD AVENUE EAST
BIG STONE GAP, VA. 24219
276-524-4081

To file an ADA complaint by facsimile, fax this completed form to: (276) 524-1510