

Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Accommodation Request and Complaint Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 5. This form is used for both making a request for an accommodation as well as filing a complaint regarding an accommodation. Please note all requests for an auxiliary aid, service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity should be made as soon as you know of the need but no later than 5 business days prior to the need for accommodation.

Complainant:		
Address:		
City, State and Zip Code:		
Telephone Number:		

Alternate Telephone Number:

Person Affected: (if other than the complainant)
(if other than the complanate)
Address:
City, State, and Zip Code:
Telephone Number:
Alternate Telephone Number:
Government, or organization, or institution which you believe has discriminated:
Name:
Address:
County:
City:
State and Zip Code:
Telephone Number:
When did the alleged incident occur? Date:

government, organization, or institution?	Describe the alleged incident, and, if applicable provide the name(s) of the individuals involved (use space on last page if necessary):
government, organization, or institution? Yes No	
government, organization, or institution? Yes No	
government, organization, or institution? Yes No	
government, organization, or institution? Yes No	
government, organization, or institution? Yes No	
If yes: what is the status of the grievance?	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?
YesNo
Agency or Court:
Address:
City, State and Zip Code:
Telephone Number:

Additional space for answers:			
Signature:		-	
Date:	-		

Return to: City of Florence ADA Coordinator 110 W College Street Ste. 107 Florence, AL 35630