



AMERICANS WITH DISABILITY ACT DISCRIMINATION COMPLAINTS

PLEASE PRINT

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt: _____ Bldg: _____

Building Complex or Development Name: _____

City: _____ Zip Code: _____

Telephone: (____) _____

Please describe your complaint or concern:

After the complaint is received and reviewed, we will inform you of our action, which may include contacting you for additional information.