

**ADA Complaint Form
Northwestern Community Services Board**

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
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): _____				
<p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all the people 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.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
Section IV				
Have you previously filed an ADA complaint with this agency?			Yes	No

Section V
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, check all that apply:
<input type="checkbox"/> Federal Agency: _____
<input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.
Name: _____
Title: _____
Agency: _____
Address: _____
Telephone: _____
Section VI
Name of agency the complaint is against: _____
Contact person: _____
Title: _____
Telephone number: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Your signature and date are required below.

Signature

Date

Please submit this form in person to the address below, or mail this form to:

Stephanie Fletcher, Compliance Coordinator
Northwestern Community Services
209 W. Criser Rd.
Front Royal, VA 22630