Accel Adult Services (AAS)

Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form

Instructions: If you believe Accel Adult Services (AAS) has engaged in discrimination against one or more persons based on medical condition or disability, please fill out this form completely, sign, and return to the address below:

Accel Chief Executive Officer
Veronica Sas
10251 N 35th Ave.
Phoenix, AZ 85051
602.995.7366

The complainant will be contacted by the Chief Executive Officer and the proposed resolution will be provided to the complainant within 60 days. If the complainant wishes to appeal the decision, the complainant may contact Veronica Sas, ACCEL CEO, at 602-995-7366.

A complainant may file a complaint directly with the City of Phoenix Public Transit Department or the Federal Transit Administration (FTA) by filing a complaint directly with the corresponding offices of Civil Rights:

City of Phoenix Public Transit Department: ATTN: Civil Rights Coordinator, 302 N. 1st Ave., Suite 900, Phoenix AZ 85003

FTA: ATTN: Office of Civil Rights – Complaint Team, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590.

If information is needed in another language, contact 602-997-2331.

ADA Complaint Form

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):_____

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 names and contact information of any witnesses. If more space is needed, please use the back of this form.

_____

_____

_____

Section VI:		
Have you previously filed an ADA complaint with this agency?	☐ Yes	☐ No

If yes, please provide any reference information regarding your previous complaint. _____ _____
Section V:
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: ☐ Federal Agency: _____ ☐ Federal Court: _____ ☐ State Agency: _____ ☐ State Court: _____ ☐ 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 complaint is against:
Name of person complaint is against:
Title:
Location:
Telephone Number (if available):

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 at the address below, or mail this form to:

Accel, Chief Executive Officer
Veronica Sas
10251 N 35th Ave.
Phoenix, AZ 85051
602-301-0452
vsas@accel.org