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

Instructions: If you believe ACCEL 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 on the next page.

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. Call 602-995-7366 for assistance.

Name of Complainant: __________________________________________

Address: ______________________________________________________

City: ____________________________ State: __________________________ Zip Code: ____________________________

Home Phone: ____________________________ Business Phone: ____________________________

Person Discriminated Against: (if other than the complainant) __________________________________________

Address: ______________________________________________________

City: ____________________________ State: __________________________ Zip Code: ____________________________

Home Phone: ____________________________ Business Phone: ____________________________

What date did the discrimination occur? __________________________________________

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use additional space on the next page if necessary):
Has a 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: Zip Code:

Phone Number:

Date Filed:

Additional space for answers:

Signature: Date:

Please Return Form to:

ADA Coordinator
ACCEL
10251 N 35TH AVE
PHOENIX, AZ 85051
Or by email at Gcomfort@accel.org
Phone: 602-995-7366