**ADA Complaint Form**

**Section I:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Telephone (Home):</th>
<th>Telephone (Work):</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
<th>Accessible Format Requirements?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Large Print</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

**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:**

I believe the discrimination I experienced was based on my disability (check one that applies):

[ ] Yes  
[ ] No

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 for any other persons involved.
of any witnesses. Please provide Direction of Travel, Location of Incident, & Mobility Aid Used (if any). If more space is needed, please use the back of the next page.
## Section IV

Have you previously filed an ADA complaint with this agency?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

## Section V

May we contact you if we need more details or information?

[ ] Yes   [ ] No

If yes, check all that apply:

[ ] By Phone   [ ] By Email   [ ] By U.S. Postal Mail

## Section VI

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

Signature and date required below.

___________________________________  _________________________
Signature                         Date

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

**Catholic Social Services** ADA Coordinator  
197 E. Gay Street  
Columbus, OH 43215