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

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant:____

Address: ____

City, State and Zip Code: ____

Telephone Numbers:
(Home)_________________(Work)_____________________

E-mail:______________________________

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

Address: ____

City, State and Zip Code: ____

Telephone Numbers:
(Home)_________________(Work)_____________________

Government, or organization, or institution which you believe has discriminated:

Name: ____

Address: ____

City, State and Zip Code: ____

Telephone Numbers: ____

When did the discrimination occur?

Date: ____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary): _______________________________________

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes_______ No_______

If yes: what is the status of the grievance?

Has the complaint been filed with any other Federal, State, or local civil rights agency or court?

Yes_______ No_______

If yes:

Agency or Court:

Contact Person:

Address:

City, State and Zip Code:

Telephone Numbers:

Date Filed:

Do you intend to file with another agency or court?
Yes_______ No_______

Agency or Court:

Contact Person:

Address: ____

City, State and Zip Code: ____

Telephone Numbers: ____

Additional space for answers: ____

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Signature: ____________________________________

Date: ____________________________

Return to:

Central Lane Metropolitan Planning Organization

Title VI Coordinator

859 Willamette, Suite 500

Eugene, OR 97401