

ADA COMPLAINT FORM

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
E-Mail Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	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 Incident (Month, Day, Year):			
Explain as clearly as possible what happened. Describe all persons who were involved. Include the name and contact information of the person(s) involved, as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.			

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:

Cheryl Stephens
694 14th Street
Vero Beach, FL 32960
cstephens@sramail.org