



City of Woonsocket
Office of the A.D.A. Compliance Officer

**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: Home: _____ Business: _____

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

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____ Business: _____

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

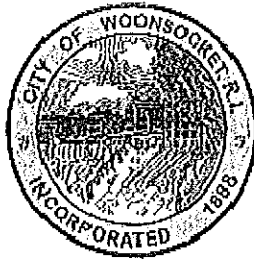
Name: _____

Address: _____

Telephone Number: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:



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Have efforts been made to resolve this complaint through contacting the person in charge of the government, organization, or institution where the discrimination occurred?

Yes _____ No _____

If yes: what is the status of the complaint?

Has the 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, and Zip Code: _____

Telephone Number: _____ Date Filed: _____

Do you intend to file with another agency or court?

Yes _____ No _____



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Agency or Court: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Signature: _____

Date: _____

Return to: Office of the A.D.A Compliance Officer
169 Main St.
Woonsocket, R.I. 02895