

**TRI-COUNTY COMMUNITY COUNCIL, INC.  
ADA COMPLAINT FORM**

<b>Name (Complainant)</b>  <b>Address</b>  <b>Telephone</b>  <b>E-mail address</b>	<b>Person discriminated against (if other than complainant)</b>  <b>Address</b>  <b>Telephone</b>  <b>E-mail address</b>	
<b>Name of person(s) who allegedly discriminated against you. (if known)</b>	<b>Date of alleged incident</b>	<b>Location of alleged incident</b>
<b>Type of alleged discrimination</b>	<b>Explain what happened and how you believe you were discriminated against (how you feel other people were treated differently than you). Indicate who was involved and what their role was.</b>	
<b>Fully identify any person(s) we may contact for additional information to support or clarify your allegations (name, address, telephone)</b>		
<b>Please provide any other information that is relevant to an investigation of this complaint.</b>		
<b>How can your issue be resolved to your satisfaction?</b>	<b>If you have filed this complaint with Tri-County before, please provide date.</b>	
<b>Signature by ADA Coordinator / Investigator (Executive Director)</b>	<b>Date:</b>	

**If you need more space, attach additional sheet(s) and any supporting documentation you may have. Within 15 calendar days after receipt of the complaint, the ADA Investigator or designee will contact the complainant to discuss the complaint and possible resolutions. The response will explain the position of Tri-County Community Council, Inc. and offer solutions for substantive resolution of the complaint.**