



Complaint Form

Americans with Disabilities Act and Section 504 of Rehabilitation Act of 1973

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 5.

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:

County department or representative which you believe has discriminated:

Name: _____

Address: _____

County: _____

City: _____

State and Zip Code: _____

Telephone Number: _____

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 pages 4-5 if necessary): _____

Have efforts been made to resolve this complaint through other internal County of Culpeper procedures, informal or formal?

Yes_____ No_____

If yes: what is the status of the grievance? _____

Has this or related complaint been filed with 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_____

Agency or Court: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

What is the most convenient time and place for us to contact you about this complaint? _____

If we will not be able to reach you directly, do you wish to give us the name and telephone number of a person who can tell us how to reach you and/or provide us information about your complaint? If yes, please provide:

Name: _____

Telephone Number: _____

If you have an attorney representing you concerning the matter(s) raised in this complaint, please provide your attorney's:

Name: _____

Address: _____

Telephone Number: _____

Please list below any persons (witnesses, fellow employees, supervisors, or others) if know, whom we may contact for additional information to support or clarify your complaint.

Name	Address	Telephone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional space for answers: _____

Signature: _____

Date: _____

Return to:
ADA Coordinator
Culpeper County
Department of Human Resources
306 N. Main Street
Culpeper, Virginia 22701