



# OFFICE OF GUILFORD COUNTY SHERIFF



## AMERICANS WITH DISABILITIES ACT ("ADA") COMPLAINT FORM

1. Today's date: \_\_\_\_\_
2. Complainant Name: \_\_\_\_\_
3. Complainant Contact Information:
  - a. Address: \_\_\_\_\_  
\_\_\_\_\_
  - b. Telephone: \_\_\_\_\_
4. Person Discriminated Against (if other than the complainant): \_\_\_\_\_  
\_\_\_\_\_
  - a. Address: \_\_\_\_\_  
\_\_\_\_\_
  - b. Telephone: \_\_\_\_\_
5. When did the alleged discrimination occur? \_\_\_\_\_
6. Where did the alleged discrimination occur? \_\_\_\_\_  
\_\_\_\_\_
7. Describe the act(s) of discrimination you are alleging: \_\_\_\_\_  
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