



**GUILFORD COUNTY  
RISK MANAGEMENT  
PO BOX 3427  
Greensboro, NC 27402  
(336) 641.3383  
Email: [accomodationrequest@guilfordcountync.gov](mailto:accomodationrequest@guilfordcountync.gov)**

### **Americans with Disabilities Act 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 Name:

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Address:

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City, State, and Zip Code:

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Telephone: Home/Cell:

Business:



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**Email: [accomodationrequest@guilfordcountync.gov](mailto:accomodationrequest@guilfordcountync.gov)**

Person Discriminated Against:

\_\_\_\_\_

(if other than the complainant)

Address:

\_\_\_\_\_

City, State, and Zip Code:

\_\_\_\_\_

Telephone: Home/Cell:

Business:

Additional space for answers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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To file a complaint by mail, send this completed form to:

Guilford County  
Risk Management  
PO BOX 3427  
Greensboro, NC 27402

To file an ADA complaint by facsimile, fax this completed form to (336) 641.3122

When did the alleged discrimination occur? Date:

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Describe the act(s) of discrimination you are alleging:

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