

ADA Discrimination Complaint Form

The Americans with Disabilities Act (ADA) prohibits discrimination based on condition or disability.

The requested information will assist us in processing your complaint. Please let us know if you require any assistance in completing this form.

Complete and return this form to: VCTC Director of Programming, 751 E. Daily Dr, Suite 420, Camarillo, CA 93010.

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number (home): _____ (business): _____

5. Person discriminated against (if someone other than the complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. What date did the alleged discrimination take place?

7. In your work words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

8. Have you filed this complain with any other federal, state, or local agency; or with any federal or state court? Yes: No:

If yes, check each box that applies:

Federal agency Federal court State Agency
State court Local agency

9. Please provide information about a contact person at the agency/court where their complaint was filed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

10. Please sign below. You may attach any written materials or other information that you think is relevant to you complaint.

Complainant's Signature

Date