

Civitan Foundation, Inc.
Americans with Disabilities Act and
Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form



Instructions: If you believe Civitan Foundation has engaged in discrimination against one or more persons based on medical condition or disability, please fill out this form completely, sign, and return to the address on the next page.

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. Call 602-953-2944 for assistance.

Complainant's Information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone Number: _____ Work Phone Number: _____

Person Discriminated Against (if someone other than the complainant):

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone Number: _____ Work Phone Number: _____

On what date(s) did the alleged discrimination take place? _____

Describe the alleged acts of discrimination providing the name(s) where possible of the individuals who discriminated (if additional space is needed, please attach a sheet of paper).

Has a complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes No

If "Yes", please provide the following information:

Court/Agency: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Date Filed: _____

Complainant Signature Date Number of Attachments

Submit form and any attachments to:

Civitan Foundation, Inc
ADA Coordinator
12635 N. 42nd Street, Phoenix, AZ 85032
Phone: 602-953-2944 Fax: 602-953-2946

Or Email to: info@campcivitan.org