

Region Ten Community Services Board

Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Please fill complete all applicable portions of the form, sign, and return to:

Address	Region Ten Compliance 500 Old Lynchburg Road Charlottesville VA 22903
Email	ComplianceReviewTeam@regionten.org
FAX	(434) 972-1864

Complainant Information					
Complainant Name					
Address					
City	State	Zip			
Home Phone	Cell Phone				
Email Address					
Person Discriminated Against (If Other Than Complainant):					
Consumer Name					
Address					
City	State	Zip			
Home Phone:	Cell Phone:				
Government, Organization or Institution Which You Believe Has Committed A Discriminating Act:					
Organization Name					
Address					
City	State	Zip			
Email address		L			
When did the discrimination occur?					
Date	Time				

the incident.	ininiation providing nam	es (where possible) of	i ilidividuals long with details of
Has the compliant ben fil rights agency or court?	ed with the Department	of Justice or any othe	r federal, state, or local civil
Yes	No		
If yes, please provide the	following information:		
Agency or Court:			
Contact Person:			
Phone Number:			
Address:			
City, State, and Zip:			
Signature of individual fli	ng Complaint		Date