

Americans with Disabilities Act Delaware State Discrimination Form

Please complete this form providing the following information:

1. Your full name, address, telephone numbers where we can reach you during the day and evening, and the name of the party discriminated against (if known);
2. The name and address of the state agency, business, organization, institution, or person that you believe committed the discrimination;
3. A brief description of the acts of discrimination, the dates that they occurred, and the names of individuals involved;
4. Other information that you believe is necessary to support your complaint, including copies (not originals) of relevant documents or pictures; and
5. Information about how to communicate with you effectively. Please let us know if you require written communications in an alternative format or if you prefer communication by phone.

Fields marked with an asterisk (*) are required. If you wish to include attachments, you may do so using the “attach documents” button located at the end of this form. You will receive a response email after form submission

Person filing complaint:

First Name *

Middle Name

Last Name *

Suffix

Address*

City *

State *

Zip Code *

Telephone Numbers *

Email Address *

If you are completing this form for another person who is filing the complaint please provide your full legal name:

Person(s) discriminated against (if other than the complainant)

Discriminatory incident *

State agency, organization, institution or business which you believe discriminated.

Name *

Address *

City *

State *

Zip Code *

Telephone Number(s) *

Date that the discrimination occurred *

Primary type of disability *

Issue *

Describe the act(s) of discrimination *

Have efforts been made to resolve this complaint through the internal grievance procedure of the state agency, organization, institution or business? *

Yes No

Have you filed this complaint with a bureau of the Department of Justice or any other federal, state, or local civil rights agency or court? *

Yes No

Name of bureau, agency or court?