## City of Goodyear ADA Discrimination Complaint Form

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

nstructions: Please fill out this form completely. Print and either mail or drop off at the address below.			
Complainant:			
			Zip:
Home Phone:		Business Phone:	
Person	Discriminated Against (If other than	the complainant):	
Address:			
			Zip:
Home Phone:		Business Phone:	
Government, or organization, or institution which you believe has discriminated			
Name:			
County:			
Telephone:			
	scrimination occur?		
Date:			

Describe the acts of discrimination, providing the name(s) where possible of the individuals who discriminated: