

ADA Complaint Form

Instructions: If you believe The Dayle McIntosh Center, (DMC) has engaged in discrimination against one or more persons based on disability, please fill out this form completely, sign, and return to the address on the next page.

Name of Complainant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____

Person discriminated Against: (if other than the complainant)

Name of Complainant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____

Date of Discrimination: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use additional space on the next page if necessary):

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, Agency or Court: _____

Agency Contact Person: _____

Name of Complainant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____

Date Filed: _____

PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

Please Return Form to:

Larry Wanger, Executive Director
501 N. Brookhurst St. Suite #102
Anaheim, CA. 92801
lwanger@daylemc.org
(714)-621-3300

To request a form in alternative format, please contact Larry Wanger at 714-621-3300 or lwanger@daylemc.org