

# Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973



## City of Birmingham Discrimination Complaint Form

**Instructions: Please answer questions completely, in black ink or type. Sign and return to the address on page 2.**

Complainant: \_\_\_\_\_

Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ cell or business Phone \_\_\_\_\_

Person discriminated against: (If other than the complainant)

Name: \_\_\_\_\_

Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell (business or home) \_\_\_\_\_

**City department or agency which you believe has discriminated:**

\_\_\_\_\_ Location: \_\_\_\_\_

**When did discrimination occur? Date:** \_\_\_\_\_

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary):

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Have efforts been made to resolve this complaint through the internal grievance procedure of the department or agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: what is the status of the grievance?

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Has the complaint been filed with another department of the city or the ADA Compliance Officer? Yes\_\_\_\_\_ No\_\_\_\_\_ please indicate which one\_\_\_\_\_

Person that you spoke with: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Additional space:

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to: Linda Coleman**  
**ADA Compliance Officer, 2<sup>nd</sup> Fl.**  
**710 North 20<sup>th</sup> Street**  
**Birmingham, AL 35203**