CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA

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

Instructions: If you believe Catholic Community Services has engaged in discrimination against one or more persons based on medical condition or disability, please fill out this form completely, sign, and return to the address on the next page.

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. Call (520) 623-0344 for assistance or TTY at (520) 623-0344.

Name of Complainant: __________________________________________

Address: ____________________________________________________

City: ___________________ State: ___________ Zip Code: __________

Home Phone: ______________ Business Phone: ______________

Person Discriminated Against: (if other than the complainant)

Address: ____________________________________________________

City: ___________________ State: ___________ Zip Code: __________

Home Phone: ______________ Business Phone: ______________

What date did the discrimination occur?

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: ____________________________________________________________

Contact Person: ________________________________________________________________

Address: _______________________________________________________________________

City:________________________ State:_________ Zip Code:__________________________

Phone Number: ________________________________________________________________

Date Filed: ________________________________

Additional space for answers:

Signature:__________________________ Date: ______________________________

Please Return Form to:

ADA Coordinator
Catholic Community Services of Southern Arizona
140 W Speedway, Ste 230
Tucson, AZ  85705

Or by email at teresac@ccs-soaz.org

Phone: 520-623-0344
Fax: 520-770-8514
TTY: 520-623-0344