United Cerebral Palsy of Central Arizona

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

Instructions: If you believe United Cerebral Palsy of Central Arizona 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 (602) 943-5472 for assistance.

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

Mary Kellogg
United Cerebral Palsy of Central Arizona
1802 W. Parkside Ln
Phoenix, AZ 85027

Or by email at mkellogg@ucpofcentralaz.org

Phone: (602) 943-5472
Fax: (602) 943-4936