

IN THE \_\_\_\_\_ COURT / AGENCY  
Case / File No.: \_\_\_\_\_

## ADA COMPLAINT TEMPLATE

This complaint is submitted pursuant to Title II of the Americans with Disabilities Act (ADA). I, \_\_\_\_\_, allege that I have been subjected to discrimination based on disability by \_\_\_\_\_. The discrimination occurred on or about \_\_\_\_\_. I request that this matter be investigated and appropriate relief be granted.

Respectfully submitted,

\_\_\_\_\_  
Signature / Printed Name

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_