



City of Hemet

445 E. FLORIDA AVE. • HEMET, CALIFORNIA 92543 • (951) 765-2475

COMMUNITY DEVELOPMENT DEPT
Building Division

U.S. Department of Justice
Civil Rights Division
Disability Rights Section

OMB No. 1190-0009

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

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 2.

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone Home: _____ Telephone Business: _____

Person Discriminated Against:
(if other than the complainant) _____

Address: _____

City, State and Zip Code: _____

Telephone Home: _____ Telephone Business: _____

Government, or organization or institution which you believe has discriminated:

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

When did the discrimination occur?

Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 2 if necessary):

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes _____ No _____

If yes: what is the status of the grievance?

Has the 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 and Zip Code: _____

Telephone Number: _____

Date Filed: _____

Do you intend to file with another agency or court?

Yes _____ No _____

Agency or Court:

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Additional space for answers: _____

Signature: _____ Date: _____

Return to: U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, NW
Disability Rights – NYAV
Washington, D.C. 20530