

City of Baraboo

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 3.

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home:

Business:

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

Address: _____

City, State, and Zip Code: _____

Telephone: Home:

Business:

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

Address: _____

City: _____

State and Zip Code: _____

County: _____

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 3 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 the 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: _____

Additional space for answers:

Signature: _____

Date: _____

All Claims of discrimination will be reviewed by the City of Baraboo Claims Committee. Claimants will be notified of the Claims Committee meeting. Claimants will be allotted time to address the committee.

Return to: City of Baraboo
City Clerk's Office
135 4th Street
Baraboo, WI 53913