

## **ADA Complaint Form**

The Boys & Girls Clubs of Huntington Valley is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of disabilities as provided by the Americans with Disabilities Act of 1990 (ADA). ADA complaints should be filed within 180 days from the date of the alleged incident.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Twilight Program Director at 714-531-2582. The completed form must be returned to the Boys & Girls Clubs of Huntington Valley, Director of Operations & Facilities, 16582 Brookhurst Street, Fountain Valley, CA 92708.

Name:	Daytime Phone:
Street Address:	City, State, Zip

## Person discriminated against (If someone other than that of complainant):

Name:	Daytime Phone:
Street Address:	City, State, Zip

Date of incident: \_\_\_\_\_\_

Time of Incident: \_\_\_\_\_\_

Describe the alleged discrimination incident. Provide the names and titles of all Club employees responsible. Explain what happened, whom you believe was responsible and other specific relevant information. Please use an additional sheet of paper if more space is required.


Have you ever filed a complaint with any other Federal, State or Local agencies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, list agency/agencies and contact info:

Agency:	Contact Name:
Address:	Phone Number:

I affirm that I have read the above charge and it is true to my best knowledge.

Complainant's Signature

Date

Print Name of Complainant

Date Received:	
Received By:	