

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

Name:		
Address:		
Telephone (Home):	Telephone (Work/Cell):	
Electronic Mail Address:		
Person discriminated against (if other than complainant):		
Address		
Telephone (Home):	Telephone (Work/Cell):	
Electronic Mail Address:		
Government, organization, or institution you believe has committed a discriminating act:		
Complainant Name:		
Address:		
Telephone (Home):	Telephone (Work/Cell):	
Email:	12.56	
When did the discrimination occur?		
Deter	T :	
Date:	Time:	
Where did the discrimination occur?		
Location:		
Describe the acts of discrimination providing names (where possible) along with details of the incident including bus/vehicle information and route numbers (if applicable).		
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Has the complaint been filed with the Department of civil rights agency or court?	Justice or any other Federal, State or local
Yes No	
If yes, please provide the following information:	
Agency or Court:	
Contact person:	
Address:	
City, State and Zip:	
You may attach any written materials or other informati complaint.	on that you think is relevant to your
Signature and date required below	
Signature	Date

Please submit this form in person at the address below, or mail this form to:

Heart Havens, Inc 7501 Boulders View Dr, Ste 205 Richmond, VA 23225 ATTN: Rebecca Huff