

**HUNTSVILLE CITY SCHOOLS  
TITLE II AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM**

Name of Complainant \_\_\_\_\_

Home Address \_\_\_\_\_

Position/Location \_\_\_\_\_

Home Phone \_\_\_\_\_ School Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Alleged Discrimination \_\_\_\_\_

List any witnesses who were present \_\_\_\_\_  
\_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_  
\_\_\_\_\_

Describe the incident(s)/problems(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional pages, if necessary)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date Received

**Please submit this form to the Compliance Director, Merts Building - Room 103, 200 White Street, Huntsville, AL 35801.**

*Digital signatures not accepted. Please print and submit according to instructions above.*