



Ada County ADA Discrimination Complaint Form

Please provide the following information necessary to process your ADA discrimination complaint. Assistance is available upon request. Complete, sign and return this form by mail, FAX or email to:

ADA Coordinator
Ada County Department of Administration
200 W Front Street, Boise, ID 83702
Phone: (208) 287-7123
FAX: (208) 287-7159
ADACoordinator@adaweb.net

Complainant's name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (home): _____ (work): _____

Person discriminated against (if other than Complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of the incident of alleged discrimination: _____

Location of the incident: _____

Please list the Ada County employee(s) or representative(s) involved in the incident (name, office or department and position, if known):

Explain briefly and clearly what happened and how you believe you were discriminated against. Indicate who was involved and the corrective action you are seeking. Attach additional sheets as needed and any documents you believe will support your complaint.

Please list any witnesses and their contact information.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ (work): _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ (work): _____

I certify that to the best of my knowledge and belief that the statements and information on this form are true, accurate and complete.

Complainant's signature

Date