



STATE OF IDAHO AMERICANS WITH DISABILITY ACT (ADA) Complaint FORM

This form should be used to file a complaint of discrimination on the basis of disability in the delivery of State of Idaho programs and access to services pursuant to the Americans with Disabilities Act of 1990 (ADA).

Complainant Information

Date of Complaint: _____

Complainant Name (first, middle, and last): _____

Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Business Phone: _____

Email: _____

Person Discriminated Against (if not complainant): _____

Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Business Phone: _____

Email: _____

State Agency which you believe has discriminated

Agency Name: _____

Address: _____

County: _____

City: _____

State and Zip Code: _____

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 additional pages if needed):

Have efforts been made to resolve this complaint through the internal grievance procedure of the State Agency?

Yes ___ No ___

If yes, what is the status of the grievance?

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes ___ No ___

If yes, please complete the following:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Witness Information (if applicable)

Name: _____

Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Business Phone: _____

Email: _____

May we contact this witness? Yes ___ No ___

Complainant Acknowledgement

I certify that the information provided is accurate to the best of my knowledge. I understand and consent to the disclosure of information contained in this complaint.

Complainant Signature: _____

Date: _____

Once completed this form may be emailed, mailed, or faxed to:

The State of Idaho
Division of Human Resources
Attention: Haley Westenskow/ ADA Coordinator
304 N 8th St
P.O. Box 83720
Boise, Idaho 83720-0066
(208) 334-2263
ada.coordinator@dhr.idaho.gov
Fax: 208-854-3088