



FEEDING SAN ANTONIO'S HOMELESS

ADA Complaint Form

10-ADA-2 Rev. A, APP'D: 03/26/2024

Any individual may exercise their right to file a complaint if that person believes that they have been subjected to unequal treatment or discrimination in the receipt of benefits or services or employment.

Please complete this form to the best of your ability. If you need translation or other assistance, contact Management. Please print.

Name: _____

Address: _____

City: _____ Zip: _____

Email: _____

Who discriminated against you: _____

How were you discriminated against: _____

Where did it occur: _____

Name of witnesses if any: _____

How would you like this situation resolved: _____

Have you filed your complaint with any other agency or court: _____

Who: _____ . When: _____

Do you have an attorney in this matter: Yes or No, If Yes, name of attorney: _____

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

Name Printed: _____

Signature: _____ Date: _____