UMBC ADA / Section 504 Complaint Form

Complainant's Name_____Date__

Complainant's Address _____

_____

Telephone Number _____Cell (Not required) _____

Date of Alleged Violation _____

Location of Alleged Violation _____

Summary of Complaint (Attach the ***Summary of Complaint Continuation Sheet*** if necessary.)

Continue onto next page

Complainant's Signature_____Date_____

Received By (Print Name) _____Date _____

ADA Coordinator's Signature _____Date _____

Summary of Complaint Continuation Sheet

Complainant's Name _____Date _____