

Title II ADA Complaint Form

This form may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Indiana Department of Child Services. The State Personnel Department's Personnel Policy governs employment related complaints of disability discrimination.

Name

Date of Incident

Who was involved with this incident:

Where did this incident take place:

Description of the incident:

What is the best way to contact you?

Signature

Date of Complaint Submission