

**PROGRAMS EMPLOYING PEOPLE**  
**ADA COMPLAINT FORM (GENERAL REQUIREMENT)**

**Programs Employing People** will assure that no qualified individual shall, on the basis of their disability, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any of its programs, service or activities as provided by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

Any person believing they have been discriminated against based on disability should go to [pepservices.org](http://pepservices.org) or **at our office at 1200 South Broad Street** to complete the ADA Complaint form.

You can email the complaint form to the HR office at [ashley.amadio@pepservices.org](mailto:ashley.amadio@pepservices.org)

You can also submit this form in person at the address below, or mail this form to:

**Programs Employing People**  
**HR Representative/ADA Coordinator/ Customer Complaint Representative**  
**1200 South Broad Street**  
**Philadelphia PA., 19146**

*The sample below is provided for the purposes of guidance only.*

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
_____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No

**Section III:**

Date of Incident (Month, Day, Year): \_\_\_\_\_

Please describe the alleged disability discrimination incident. Explain what happened, how you were discriminated against, and all persons who were involved. Include the name of the person(s) who discriminated against you (if known), as well as the names and contact information of any witnesses. If more space is needed, please use the back of this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section IV**

Have you previously filed an ADA complaint with this agency?	Yes	No
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**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?     Yes     No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_

Federal Court \_\_\_\_\_                       State Agency \_\_\_\_\_

State Court \_\_\_\_\_                       Local Agency \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:	Title:
Agency:	
Address:	
Telephone:	

**Section VI**

Name of agency complaint is against:

Contact person:	Title:
Telephone number:	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

\_\_\_\_\_  
Signature Date