

South Carolina Department of Probation Parole and Pardon Services
Title II of the Americans with Disabilities Act

Section 504 of the Rehabilitation Act of 1973
 Discrimination Complaint Form

COMPLAINANT				
Last Name		First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address		City/State		Zip Code
Home Telephone ()		Other Telephone ()		Email Address
PERSON DISCRIMINATED AGAINST <i>(if other than complainant):</i>				
Last Name			First Name	
Address		City /State		Zip Code
GOVERNMENT, ORGANIZATION, OR INSTITUTION WHICH YOU BELIEVE HAS DISCRIMINATED:				
Name			Telephone ()	
Address				
City	County		State	Zip Code
When did the discrimination occur? <i>(Date)</i>				
Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated <i>(use additional pages if necessary):</i>				
Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which agency or court?				
Agency/Court			Contact Name	
City		State		Zip
Telephone ()			Date Filed	
Do you intend to file with another agency or court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which agency or court?				

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ADDITIONAL COMMENTS:

Signature:	Date:
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MAIL COMPLETED FORM TO:	South Carolina Department of Probation Parole and Pardon Services ADA Coordinator 2221 Devine Street P.O. Box 50666 Columbia, South Carolina 29250
	<u>OR</u>
FAX TO:	(803) 734-9324
	<u>OR</u>
Email TO:	adacoordinator@ppp.sc.gov

FOR OFFICIAL USE ONLY

Date Complaint Received:	_____
Date Referred:	_____
Referred to:	_____