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	☐ Male ☐ Female
Mailing Address	City/State	Zip Code
Home Telephone ( )	Other Telephone ( )	Email Address

PERSON DISCRIMINATED AGAINST *(if other than complainant)*:

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? *(Date)*

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated *(use additional pages if necessary):*

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?   ☐ Yes   ☐ 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?   ☐ Yes ☐ 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?   ☐ Yes ☐ No   If yes, which agency or court?

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ADDITIONAL COMMENTS:

Signature: | Date:

MAIL COMPLETED FORM TO:	South Carolina Department of Probation Parole and Pardon Services
	ADA Coordinator
	293 Greystone Blvd. / Columbia, South Carolina 29210
	P.O. Box 207/ Columbia, South Carolina 29202
	OR
FAX TO:	(803) 734-9324
	OR
	adacoordinator@ppp.sc.gov
Email TO:	

FOR OFFICIAL USE ONLY

Date Complaint Received: _____

Date Referred: _____

Referred to: _____