Gompers

Americans with Disabilities Act 
and Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form

Instructions: If you believe Gompers has engaged in discrimination against one or more persons based on medical condition or disability, please fill out this form completely, sign, and return to the address on the next page.

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. Call 602-336-0061 for assistance.

Name of Complainant: ____________________________________________________________

Address: _______________________________________________________________________

City: ___________________ State: _______ Zip Code: ________________

Home Phone: _______________ Business Phone: _______________

Person Discriminated Against:
(if other than the complainant) ____________________________________________________

Address: _______________________________________________________________________

City: ___________________ State: _______ Zip Code: ________________

Home Phone: _______________ Business Phone: _______________

What date did the discrimination occur?

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use additional space on the next page if necessary): ___________________________________________________________________________
Has a 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, Agency or Court:

Contact Person:

Address:

City:                      State:            Zip Code:

Phone Number:

Date Filed:

Additional space for answers:

Signature: ___________________________ Date: _______________________

Please Return Form to:

Scott Muller

Gompers

6601 N 27th Ave

Phoenix, AZ 85017

Or by email at SMuller@Gompers.org

Phone: (602)336-0061

Fax: (602)3360249