

CITY OF DEPORT
Title II of the Americans with Disabilities Act
Discrimination Complaint Form

Instructions: Please fill out this form completely.

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____

Business: _____

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

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____

Business: _____

Government, or organization, or institution which you believe has discriminated:

Name: _____

Address: _____

County: _____

City: _____

State and Zip Code: _____

Telephone Number: _____

Date the discrimination occur: _____

Describe the acts of discrimination: _____

Signature: _____

Date: _____

Return to:

Jacqueline Daingerfield, City Secretary
201 Main St.
Deport, Texas 75435

- Phone: (903)-652-3875
 - Fax: (903)-652-4086
- Email: secretary@cityofdeport.org