



# ADA DISCRIMINATION COMPLAINT FORM

Title II of the Americans with Disabilities Act (ADA)  
Section 504 of the Rehabilitation Act of 1973

Please fill out this form completely, in black ink or type. Sign and return to the address below:

Name of Person Making Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If complainant is not the individual completing this form, please enter your information:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

Describe Reason of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**PLEASE RETURN COMPLETED FORM TO:**

Lendel Bright, ADA & Diversity Coordinator  
City of St. Petersburg  
Community Affairs Division/Human Resources Department  
One – 4<sup>th</sup> Street North  
St. Petersburg, FL 33701  
(727) 893-7229  
Fax: 727-551-3247  
Lendel.Bright@stpete.org