



Region Ten Community Services Board

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

Please fill complete all applicable portions of the form, sign, and return to:

Address	Region Ten Compliance 500 Old Lynchburg Road Charlottesville VA 22903
Email	ComplianceReviewTeam@regionten.org
FAX	(434) 972-1864

Complainant Information		
Complainant Name		
Address		
City	State	Zip
Home Phone	Cell Phone	
Email Address		
Person Discriminated Against (If Other Than Complainant):		
Consumer Name		
Address		
City	State	Zip
Home Phone:	Cell Phone:	
Government, Organization or Institution Which You Believe Has Committed A Discriminating Act:		
Organization Name		
Address		
City	State	Zip
Email address		
When did the discrimination occur?		
Date	Time	

