

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

Instructions: If you believe City of Tolleson 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 (623)-474-4989 for assistance or TTY at 711.

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:

ADA Coordinator

City of Tolleson

9555 W. Van Buren St,

Tolleson, AZ 85353

Or by email at Type wendy.jackson@tolleson.az.gov

Phone: (623) 474-4989

TTY: (711)