



AMERICANS WITH DISABILITIES ACT (ADA)

Complaint Form

This form may be used by any individual to file a complaint alleging discrimination on the basis of disability in meetings, services, or activities of the Central Midlands Council of Governments (CMCOG) under Title II of the ADA. Alternative means of filing a complaint, such as personal interviews or tape recordings, are available upon request for people with disabilities. All complaints will be kept on file for a minimum of three years.

Filing Date: _____ Date of Alleged Incident: _____

Complainant Name: _____

Home Address: _____

Phone#: _____ Email: _____

The alleged act of discrimination involves which CMCOG Department, meeting, or program?

Describe the alleged act of discrimination (additional paper may be attached):

This complaint form (or alternate reporting method) should be submitted by the complainant or his/her designee as soon as possible, but no later than 180 days after the alleged violation to:

Reginald Simmons
rsimmons@centralmidlands.org
Central Midlands Council of Governments
236 Stoneridge Drive
Columbia, SC 29210
803-744-5133 (phone) 803-376-5394 (fax)