

City of Paris

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:

**Carla Easton
ADA Coordinator
City of Paris
P.O. Box 9037
150 1st Street S.E.
Paris, Texas 75460**