In accordance with the requirements of Title II of the American with Disabilities Act of 1990 (“ADA”) and Section 504 of the Rehabilitation act of 1973, the City of Angleton (the “City”) will not discriminate against qualified individuals with disabilities on the basis of disability in its facilities, services, programs, or activities.

Note: the following information is necessary to assist the City in processing a complaint. If any person interested in filing a complaint needs assistance, including sign language assistance, documents in Braille or other ways of making information and communications accessible, please contact the City’s ADA Coordinator Colleen Martin Monday – Friday, 8 a.m. – 5 p.m. via email at cmartin@angleton.tx.us or by calling 979-849-4364 x2132.

Complete this form and return it to:
ADA Coordinator-Colleen Martin
City of Angleton 121 S. Velasco St Angleton, TX 77515

Or send the form by email to cmartin@angleton.tx.us or fax to 979-848-5695.

1. Date of incident resulting in complaint: ________________________________

2. Complainant’s Name: ____________________________________________
   Address: _______________________________________________________
   City: ______________ State: __________ Zip Code: _______________
   Daytime phone number: __________ Email: _______________________

3. Person Discriminated against (if someone other than Complainant)
   Name: _______________________________________________________
   Address: _____________________________________________________
   City: ______________ State: __________ Zip Code: _______________
   Daytime phone number: __________ Email: _______________________

Americans with Disabilities and Section 504 of the Rehabilitation Act of 1973
Complaint Form Regarding a City of Angleton Service, Program or Activity.
4. City of Angleton agency, facility, department, or program complaint is about:
Name of agency/facility/departement/program: __________________________
Address: _____________________________________________________________
City: ___________________ State: ___________ Zip Code: ________________
Daytime phone number: ___________ Email: _____________________________

5. In your own words, describe the circumstances leading to this complaint.
What happened and who was responsible? If possible, provide names of the individuals involved. For additional space, attach additional sheets of paper as necessary. __________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

6. If you have not already provided this in response to number 5 above, where did the incident take place? Please provide as much information about the location as possible.
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

7. Were there any witnesses to the incident? YES / NO If yes, please provide as much information as possible about any witness(es).
Name: _________________________________________________________________
Address: _______________________________________________________________
City: ______________ State: ___________ Zip Code: ______________
Daytime phone number: ___________ Email: _____________________________

Name: _________________________________________________________________
Address: _______________________________________________________________
City: ______________ State: ___________ Zip Code: ______________
Daytime phone number: ___________ Email: _____________________________
8. Have any efforts been made to file or resolve this complaint through the internal grievance procedure of any City of Angleton department? 
YES / NO If yes, what is the status of the grievance? __________________________ 
________________________________________________________________________

9. Have you filed a complaint about this same incident with any other federal, state or local governmental agency or with a federal or state court? Please check any that apply: 
   ___ Federal agency: ________________________________ 
   ___ Federal Court: ________________________________ 
   ___ State agency: ________________________________ 
   ___ State court: ________________________________ 
   ___ Local agency: ________________________________ 
   ___ Other: ________________________________ 

10. Please provide the contact information of the person with the agency/court/other: 
    Name: ______________________________________ 
    Address: ______________________________________ 
    City: _______________ State: ___________ Zip Code: ___________
    Daytime phone number: _______________ Email: ___________________ 
    Date filed: ________________________________ 

    ____________________________________________________________________ 

Sign the complaint in the space provided below. Attach any documents you believe support your complaint. 

__________________________________________________________________ 
Complainant’s Signature 

__________________________________________________________________ 
Date