



**Americans with Disabilities and Section 504 of the Rehabilitation Act of 1973  
Complaint Form Regarding a City of Angleton Service, Program or Activity.**

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](mailto: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](mailto: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: \_\_\_\_\_

- 4. City of Angleton agency, facility, department, or program complaint is about:

Name of agency/facility/department/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