



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

Instructions: If you believe Aster Aging 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 480-964-9014 for assistance or TTY at 800-842-4681.

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
Aster Aging
45 W. University Dr., Suite A
Mesa, AZ 85201**

Or by email at amontes@asteraz.org

**Phone: (480) 964-9014
Fax: (480) 898-7306
TTY: 1-800-842-4681**