



## CADES ADA COMPLAINT FORM

CADES will assure that no qualified individual shall, based on their disability, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any of its programs, service or activities as provided by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

Any person believing, they have been discriminated against based on disability should go to **caedes.org** or **Main Office at 401 Rutgers Avenue, Swarthmore, PA 19081** to complete the ADA Complaint form.

You can sign, scan, and email the complaint form to the office at **john.muehsam@caedes.org**. You can also submit this form in person at the address below, or mail this form to:

**CADES**  
**401 Rutgers Avenue**  
**Swarthmore, PA 19081**

Complaints may also be filed no later than 180 days after the date of the alleged discrimination here: [www.ada.gov/filing\\_complaint.htm](http://www.ada.gov/filing_complaint.htm)

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No



<b>Section III:</b>		
Date of Incident (Month, Day, Year): _____		
Please describe the alleged disability discrimination incident. Explain what happened, how you were discriminated against, and all persons who were involved. Include the name of the person(s) who discriminated against you (if known), as well as the names and contact information of any witnesses. If more space is needed, please use the back of this form.		
_____		
_____		
_____		

<b>Section IV</b>		
Have you previously filed an ADA complaint with this agency?	Yes	No

<b>Section V</b>		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____	
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____	

Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	Title:
Agency:	
Address:	
Telephone:	

<b>Section VI</b>	
Name of agency complaint is against:	
Contact person:	Title:
Telephone number:	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date