



CDS LIFE TRANSITIONS - ADA Discrimination Complaint Form

Name: _____ Email _____
Address: _____ City _____ State __ Zip _____
Telephone: Home (____) _____ Cell (____) _____

Basis of Complaint: (please check)

Race Color Sex National Origin Age Disability Limited English Proficiency
Other

Area of Complaint: (please check)

CDS Life Transitions CDS Monarch iCircle Warrior Salute Veterans Service CDS Housing
CDS Wolf Foundation Unistel Industries

Who is alleged to have discriminated against you?

Name: _____ Program _____
Date(s) the discrimination occurred: _____

How were you discriminated against? (Please use additional paper if needed)

Are the circumstances of your complaint continuing? Yes No

Were there any other witnesses to the discrimination?

Name _____ Phone number (if known) _____
Name _____ Phone number (if known) _____

What can we do to resolve your complaint?

Have you filed your complaint with anyone else?

Name _____ Date _____ Complaint #, if known _____

Have you hired an attorney with respect to the allegations in the complaint? Yes No

Have you instituted a legal suit or court action regarding this complaint? Yes No

This complaint form was completed by: Complainant ADA Coordinator

Signature Date

Mail to: CDS Life Transitions ADA Coordinator, 860 Hard Road, Webster, New York 14580, **or**,
Fax to: CDS Life Transitions ADA Coordinator (585) 347-1270



To champion our constituent organizations in providing exceptional, holistic and innovative support for the people they serve. Our visionary, integrated stewardship provides life opportunities and empowers individuals and their families to live more fulfilling and independent lives.