



State of Delaware  
Department of Human Resources

**Americans With Disabilities Act (ADA) Title II  
Grievance Procedure Complaint Form**

<b>DHR Statewide Operating Procedure #: To be assigned</b>	<b>Authority: ADA Title II established by section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794</b>
<b>Effective Date: April 1, 2021</b>	<b>Supersedes: N/A</b>

**Complainant Information: Part 1**

Contact Information

1. Name: \_\_\_\_\_ 2. Email Address: \_\_\_\_\_  
3. Phone Number: \_\_\_\_\_ 4. Mailing Address: \_\_\_\_\_

**Incident: Part 2**

Describe the incident you experienced or witnessed that caused a barrier to a program, service, or activity within the State of Delaware:

**Incident: Part 3**

Please answer the below questions.

- Date of incident: \_\_\_\_\_
- Which State of Delaware Department of Agency was involved? \_\_\_\_\_
- Complaint Issue:
 

<input type="checkbox"/> Denial of Service/Refusal to Admit	<input type="checkbox"/> Employment
<input type="checkbox"/> Housing	<input type="checkbox"/> Interpreter/Assistive Listening
<input type="checkbox"/> Physical Access	<input type="checkbox"/> Reasonable Accommodation
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Service Animal
<input type="checkbox"/> Other (please describe): _____	
- Primary ADA Qualified Disability: \_\_\_\_\_
- Signature/Date: \_\_\_\_\_

**Please remember to save and/or print your completed complaint form.**

**Email complete form to:**

**Deborah Yancey, State of Delaware ADA Coordinator**

**Email: [DHR\\_ADAConcerns@delaware.gov](mailto:DHR_ADAConcerns@delaware.gov)**

**Phone: 302-222-0073**