AMERICAN DISABILITY ACT COMPLAINT

RE 155 (Rev. 7/18)

Personnel

INSTRUCTIONS

- Use this form to file a complaint against the Department of Real Estate for alleged discrimination on the basis of disability.
- > Complete the requested information and forward the form to: Department of Real Estate, ADA Coordinator, Personnel Section, P. O. Box 137000, Sacramento, CA 95813-7000.

Section, P. O. Box 137000, Sacramento, CA 95813-7000.	
E OF PERSON FILING COMPLAINT	DAYTIME TELEPHONE NUMBER
ING ADDRESS	I
Describe the alleged discriminatory action in sufficient detail to persons involved, etc.). Add additional pages if necessary.	to make the complaint clear (location, date, action,
What actions do you request to be taken to correct the allege	d discrimination?
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IATURE CHECK ONE: COMPLAINANT AUTHORIZED REPRESENT	ATIVE DATE