



# Americans with Disabilities Act / Section 504 of The Rehabilitation Act of 1973 Grievance Form

Complete this form electronically or by hand and return it by mail to: Director, Equality and Inclusion Office, 1800 Elmerton Avenue, Harrisburg, PA 17110 or by email to: [ra-pspequalempoppoff@pa.gov](mailto:ra-pspequalempoppoff@pa.gov)

Contact the State Police Equality and Inclusion Office at 717-787-7220 or [by email](#) if you require accommodations or an alternative means to file a complaint.

## Grievant information

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Name

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Phone

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Address

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Email Address

## Alternate contact person (other than grievant) information

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Name

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Phone

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Address

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Email Address

## Alleged violation information

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Date of alleged violation

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Location of alleged violation

Description of violation (where possible, provide names of individuals involved in the discrimination)

Have efforts been made to resolve this complaint?      Yes      No

If yes, what efforts were taken to resolve this issue, and what is the status?

Has this case been filed with the Dept. of Justice or other government agency or court?      Yes      No

If yes, complete the following information about the filing:

\_\_\_\_\_

Agency or court

\_\_\_\_\_

Contact person

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

Additional comments

Please indicate your preferred method of communication:      In Person      email      Phone      TTY

Explain any accommodations, auxiliary aids, or services you may need to communicate your grievance.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date