STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

# Complaint of Discrimination under the Americans with Disabilities Act

**To:** Division of Parole and Probation Regional (DPP) or Correctional Facility ADA Coordinator

**Emergency Request**: ☐ Check only if your complaint poses a continued threat to your health, safety, or welfare.

| Complainant Name: | Location of Program, Service, or Activity: |
|---|---|
| Identifying Number (SID, DOC or DPP #): | Date of Complaint: |

**Subject of Complaint** (choose one)**:**

☐ Classification ☐ Program or Service ☐ Complaint Against Staff or
☐ Others Auxiliary Aid or Service ☐ Dietary ☐ Facility or Office Operations
☐ Telephone ☐ Visitation ☐ Other _____

**Complaint:**

Briefly describe your complaint, including the date of the incident, the persons involved, and the accommodation you are seeking:

_____ _____
Date Signature of Incarcerated individual

**RECEIPT** Case No. _____

RETURN TO: _____
Last Name First Name Middle Initial SID Number Location

*I acknowledge receipt of your ADA complaint dated _____. In accordance with Department Directive DPSCS.200.0007 §.06D a response will be provided to you within 30 calendar days of receipt.*

_____ _____
Date Signature of ADA Coordinator

**Correctional Facility or DPP Regional ADA Coordinator Response to Complaint:**

Date _____ Signature of ADA Coordinator _____

***This Section to be Completed by the Department ADA Coordinator If Complaint Unfounded***

| Date Unfounded Complaint Received: _____ | | Approved: ☐ Yes ☐ No | |
|---|---|---|---|
| | | | |
| *Dept. ADA Coordinator Name (Print)* | *Location* | *Signature* | *Date* |

**Summary of Response and Authorized Determination:**

Complaint: ☐ Founded ☐ Unfounded

Name of approving authority for this response and decision: _____

Managing Official, Regional Administrator, Director, or Commissioner

Signature: _____ Date: _____

*Distribution: Requesting Individual, Requesting individual's file, Case Manager or Supervising Agent, Facility or Regional ADA Coordinator, Approving Authority, and the Department ADA Coordinator*

**Reset Form**