



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.

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|--|--|
| Complainant Name: | Location of Program, Service, or Activity: |
| Identifying Number (SID, DOC or DPP #): | Date of Complaint: |
| Subject of Complaint (choose one): | |
| Classification Others Auxiliary Aid or Service Program or Service Complaint Against Staff | Facility or Office Operations Dietary Visitation Other: _____ |
| Complaint: Briefly describe your complaint, including the date of the incident, the persons involved, and the accommodation you are seeking: | |

Continued:

Date

Signature of Incarcerated individual

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

| | | | |
|---|-----------------|------------------|-------------|
| _____ | _____ | _____ | _____ |
| <i>Dept. ADA Coordinator Name (Print)</i> | <i>Location</i> | <i>Signature</i> | <i>Date</i> |

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