



RI Governor's Commission on Disabilities

**RI GCD Form D 3. Disability Rights Public Accommodations Discrimination
Complaint and Mediation Request**

If you were subject to discriminatory action relating to services provided by a place of public accommodations (businesses and nonprofit agencies such as a : hotel / motel, restaurant / bar, theater / stadium, auditorium / convention center, store / shopping center, health care / office of professional, public transportation station, museum / library / gallery, park / zoo / recreation facility, nursery / school, day care / senior center, gymnasium / health spa / golf course, etc.), the Commission may be able to assist. The Commission does not have the authority to order a public accommodation to stop the discrimination. If you complete this form the Commission will contact the agency, attempt to set up meetings between you, the agency and mediators, to allow all the parties to jointly develop a solution to the problem(s). You should also file a public accommodation discrimination charge with the United States Department of Justice/ Civil Rights Division/ ADA Office; and / or the RI Commission for Human Rights.

If you need a reasonable accommodation in order to complete this form, please notify the Commission and assistance will be provided to you.

Complainant's Name			
Day Time Phone #		<input checked="" type="checkbox"/> check if TTY	
Home Address			
City, State & Zip Code			
Email address			

Information of the government agency you are filing against:

Business / Agency Director's Name & Title			
Business / Agency			
Address			
City, State & Zip Code			

If you wish to file a charge against a specific person who discriminated against you, provide their full name, address and phone number

That Person's Name & Title			
That Person's Address			
City, State & Zip Code			
That Person's Phone #		Email address	

Check type of business / agency:

- An inn, hotel, motel, or other place of lodging, except for an establishment located within a building that contains not more than five rooms for rent or hire and that is actually occupied by the proprietor of the establishment as the residence of the proprietor
- A restaurant, bar, or other establishment serving food or drink
- A motion picture house, theater, concert hall, stadium, or other place of exhibition or entertainment
- An auditorium, convention center, lecture hall, or other place of public gathering

A bakery, grocery store, clothing store, hardware store, shopping center, or other sales or rental establishment					
A laundromat, dry-cleaner, bank, barber shop, beauty shop, travel service, shoe repair service, funeral parlor, gas station, office of an accountant or lawyer, pharmacy, insurance office, professional office of a health care provider, hospital, or other service establishment					
A terminal, depot, or other station used for specified public transportation					
A museum, library, gallery, or other place of public display or collection					
A park, zoo, amusement park, or other place of recreation					
A nursery, elementary, secondary, undergraduate, or postgraduate private school, or other place of education					
A day care center, senior citizen center, homeless shelter, food bank, adoption agency, or other social service center establishment					
A gymnasium, health spa, bowling alley, golf course, or other place of exercise or recreation					
An airport or airline, railroad train, taxi, inter-state, public transit, paratransit bus, cab or other vehicle or hire					
A religious organization, including a place of worship					
A commercial facility					
A private club					
Please specify the date(s) the alleged discrimination took place					
Only once, on		More than once or ongoing between:		and	
Because of my disability:			<input checked="" type="checkbox"/> Check one or more		
I was denied of the opportunity of the individual or class to participate in or benefit from the goods, services, facilities, privileges, advantages, or accommodations of a place of public accommodation					
I was denied the opportunity to participate in or benefit from a good, service, facility, privilege, advantage, or accommodation that was equal to that afforded to other individuals without a disability					
I was provided a good, service, facility, privilege, advantage, or accommodation that is different or separate from that provided to other individuals without a disability					
I was unable to participate or use the aid, benefit, or service because of the site or location of that aid, benefit, or service, was not accessible (including vehicles)					
I was unable to participate or use the aid, benefit, or service because the business / agency refused to make reasonable modifications in of its policies, practices, or procedures					
I was unable to participate or use the aid, benefit, or service because the agency imposed or applied eligibility criteria that screen out or tend to screen out individuals with a disability					
I was required to pay a surcharge to cover the costs of measures, such as the provision of auxiliary aids or program accessibility					
The agency did not maintain in operable working condition those features of facilities and equipment that are required to be readily accessible to and usable by persons with disabilities					
I was denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids and services					
I am not disabled but was denied equal goods, services, facilities, privileges, advantages, accommodations, or other opportunities to an individual or entity because of the known disability of an individual with whom I have a relationship or association					
If the business / agency knew you had a disability prior to the alleged discrimination, <input checked="" type="checkbox"/> check					
Describe how the business / agency knew about your disability: did you complete a self- identification of disability form, request an accommodation, verbally inform a supervisor, is your disability visible.					
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Please explain below what action was taken against you that you believe was discriminatory. Were other persons treated differently than you? What harm, if any, was caused to you as a result of that action? Please include all relevant names and dates.

If you have any documents concerning the situation, please attach copies to your statement.

(attach additional sheets if necessary)

Check if you sought any assistance about the action you think was discriminatory from any other government agency, civil rights enforcement agency, or from any other source

Name of the agency			
Mailing address			
City, State & Zip Code			
Office Phone #		Email address	

Describe the results of that assistance

Check if you sought any assistance of a lawyer

Name of the law firm			
Mailing address			
City, State & Zip Code			
Name of the lawyer			
Office Phone #		Email address	

Check if you wish to be represented by that lawyer during mediation

I understand that the Governor's Commission on Disabilities offers to attempt to quickly resolve disability discrimination complaints through mediation. **The Commission will send a copy of this form to the business or agency that I have filed against and urge them to mediate the complaint.** The Governor's Commission on Disabilities is not empowered to compel that a business or agency participate in mediation, except a state government agency.

I further understand that I may pursue my complaint before the appropriate state and/or federal civil rights enforcement agency and the federal and state courts, while the Commission attempts to resolve my complaint through mediation. If the mediation is completely successful, the business or agency I have filed against will want any complaints filed with those state or federal civil rights enforcement agencies and/or the state or federal courts withdrawn as part of its settlement of this complaint.

I agree to participate in the Commission's effort to mediate my complaint.

Date Signed		Complainant's Signature	
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Emailed this form to disabilities@gcd.ri.gov if signed with an electronic signature or mail to the:

**RI Governor's Commission on Disabilities
John O. Pastore Center, 41 Cherry Dale Court
Cranston, RI 02920-3049**
and keep a copy of the completed form for you records