Individual Rights Complaint

Your First Name:		Your Last Name:
Street Address:		
City:	State:	Zip:
Home Phone Number:	Email Address:	

Are you filing this complaint for someone else? ☐ Yes ☐ No

If yes, whose right(s) do you believe were violated?

First Name:		Last Name:
Street Address:		
City:	State:	Zip:
Phone Number:		

According to the Statement of Rights and Responsibilities, what right(s) is being violated?

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Describe briefly what happened when the right was violated including: *who* specifically violated the right, *when* it occurred, *who* was present, *where* it occurred and *why* you think it is a violation.

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Signature Date (mm/dd/yyyy)

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect DDDS decision to process your complaint.

Do you need special accommodations for DDDS to communicate with you about this complaint? (check all that apply)

☐ Braille ☐ Large Print ☐ TDD

☐ Sign Language Interpreter ☐ Foreign Language (specify language): ________________________

☐ Other: ____

If you have notified anyone else of this violation please complete information below:

Person/ Agency/ Court notified:
Date(s) notified:
Pending action or action taken: