Americans with Disabilities Act
and Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form

Instructions: If you believe AllThrive 365 and affiliates (AT365) has engaged in discrimination against one or more persons based on medical condition or disability, please fill out this form completely, sign, and return to the address on the next page.

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. Call (602) 285-0505 x 219 for assistance or TTY at 711.

Name of Complainant:

Address:

City: State: Zip Code:

Home Phone: Business Phone:

Person Discriminated Against:
(if other than the complainant)

Address:

City: State: Zip Code:

Home Phone: Business Phone:

What date did the discrimination occur?

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use additional space on the next page if necessary):

Has a complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes ☐ No ☐

If yes, Agency or Court: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Date Filed: _____

Additional space for answers:

Signature: _____ Date: _____

Please Return Form to:

ADA Coordinator
AllThrive 365
and Affiliates
1201 E. Thomas Road
Phoenix, AZ 85014

Or by email at: compliance@allthrive365.org