



Form 1.10 Complaint Form
Complaint on the Basis of Disability

If you have questions about this form, call the Office of the Attorney General at:
 (671) 475-3324 ext. 712 or (671) 477-5076 (TTY)

YOUR FULL NAME	YOUR EMAIL ADDRESS (if any)
Home Phone ()	Work Phone ()
Are you filing the complaint for someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, against whom do you believe the violation was directed? If NO, skip this line	
FULL NAME OF ALLEGED VIOLATOR	LOCATION/AGENCY

Describe briefly what happened. How and why do you believe you were (or someone else was) discriminated against?

Do you need special accommodations for use to communicate with you about the complaint (check all that apply)?
 Braille Large Print Cassette tape Computer diskette Electronic mail TDD Sign language interpreter

Have you tried to resolve your complaint with the agency through due process, or filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed.)
 PERSON / AGENCY / ORGANIZATION / COURT NAME(S)

DATE(S) FILED	CASE NUMBER(S) (If known)
WHAT IS THE STATUS OF YOUR COMPLAINT AT THAT AGENCY?	WHAT REMEDY ARE YOU SEEKING FROM THAT AGENCY?

Filing a complaint with the Office of the Attorney General is voluntary. However, without the information requested above, the Office of the Attorney General may be unable to proceed with your complaint. We collect this information under authority of the Americans with Disabilities Act Amendments Act of 2008, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and other civil rights statutes. We will use the information to process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed only when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside of the Department for purposes associated with civil rights compliance. **YOU ARE NOT REQUIRED TO USE THIS FORM.** You may communicate your complaint via a personal visit, phone call, letter, fax, or by e-mail containing the same information as above and send to :

CARLINA CHARFAUROS
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 287 W. O'Brien Dr.
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 E:mail to: ccharfauros@guamattorneygeneral.com
Office of the Attorney General ADA Coordinator

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