# Americans with Disabilities Act

## Discrimination Reporting Form

Today's Date: _____

Email form to: ADACoordinator@Eriecountygov.org
Mail form to: ADA Coordinator, 154 West 9th Street Fourth Floor, Erie, PA 16501

Type of Discrimination: (please check all that apply)

___ General Discrimination
___ Equal Effective Communication
___ Employment
___ Program Accessibility
___ Facility Accesibility

Date of Discrimination: _____

Name _____
Address_____
_____
Phone_____
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