



Americans with Disabilities Act Complaint Form

Presa Community Center ensures that no persons or groups of persons shall, on the grounds of a disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities. To request an accommodation or an alternate format, please contact: Gilbert Rodriguez at 210-532-5295 or at grodriguez@presa.org.

Date of Filing: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Work Phone: _____

Home Phone: _____

Email Address: _____

Date of Alleged Incident: _____

Indicate below the person(s) who you believe discriminated against you.

Name: _____

Work Location: _____

Work Phone: _____

Please provide a detailed description of the alleged incidence of discrimination: If there are any witnesses, please provide their contact information. Attach additional pages as necessary.

Please attach and/or provide any additional information that might be useful in processing your complaint.

The completed form must be submitted to: Gilbert Rodriguez
 3721 S. Presa St.
 San Antonio, TX 78210
grodriguez@presa.org