

A. D. A. Discrimination Complaint Form

The goal of the Rockwall County Detention Center is to provide equal access for persons with disabilities to programs, services, and activities of this facility.

It is also our goal to provide any disabled person who has a legitimate reason to visit an inmate confined in the Rockwall County Detention Center the means to do so.

Please provide the following information so that we may contact you after a completed investigation.

Name: _____

Address: _____

Telephone: _____ Date Violation Occurred: _____

Please provide all details of your complaint below:

Complainant's Signature: _____

Received by: _____ Date: _____

Please return this form to the Rockwall County Detention Center "Jail information" window or mail to:

Rockwall County Detention Center
ATTN: Operation's Lieutenant
950 T. L. Townsend
Rockwall, TX 75087

Upon receipt, this form will be forwarded to the office of the Operation's Lieutenant.