

**U.S. Department of Justice**  
Civil Rights Division  
*Disability Rights Section*

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OMB No. 1190-0009 Exp. Date 04/30/2007

**Title II of the Americans with Disabilities Act  
Section 504 of the Rehabilitation Act of 1973  
Discrimination Complaint Form**

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant: **Aleda J. (AJ) Devies**

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Address:

City, State and Zip Code: **Daytona Beach, FL 32118**

Telephone: Home:

Business:

Person Discriminated Against:  
(if other than the complainant)

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Address:

City, State, and Zip Code:

Telephone: Home:

Business:

Government, or organization, or institution which you believe has discriminated:

Name: **State of Florida, Department of State, Division of Elections and the State of Florida, Department of State, Division of Elections Bureau of Voting Systems Certification**

Address: **Director's Office, Room 316, R. A. Gray Building**

County: **Leon**

City: **Tallahassee**

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State and Zip Code: **FL 32399-0250**

Telephone Number: **(850) 245-6200; fax (850) 245-6217 or (950) 245-6218**

When did the discrimination occur? Date: **January 1, 2006**

Describe the acts of discrimination providing the name(s) where possible for the individuals who discriminated (use space on page 3 if necessary):

**Dawn Roberts, Director of the Florida Division of Elections, and David Drury, Director of the Bureau of Voting Systems Certification have failed to certify voting equipment (mechanical, electronic, electromechanical or manual) which will allow people with neuromuscular or movement disorders (MS, stroke, rheumatoid arthritis, quadriplegia, et al.,) or people who have no hands or prostheses to vote privately and independently per Section 301(a)(1) of the Help America Vote Act of 2002. (con't'd)**

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes \_\_\_\_\_ No   x  

If yes: what is the status of the grievance?

Has the 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   x  

If yes:

Agency or Court:

Contact Person:

Address:

City, State, and Zip Code:

Telephone Number:

Date Filed:

Do you intend to file with another agency or court?

Yes \_\_\_\_\_ No   x  

Agency or Court:

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Address:

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City, State and Zip Code:

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Telephone Number:

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Additional space for answers:

**Although a ballot marking device which accommodates the majority of people with these disorders (of which I am one,) is available for purchase, and has been certified by many other states, Florida has yet to certify this equipment. It is also possible that all equipment certified as of this date by the Bureau of Voting Systems Certification and the Division of Elections does not comply with HAVA Section 301(a)(1) as it applies to people with disabilities other than blindness or visual impairments.**

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Signature: \_\_\_\_\_

Date:   March 13, 2006  

Return to:

U.S. Department of Justice  
Civil Rights Division  
950 Pennsylvania Avenue, NW  
Disability Rights - NYAV  
Washington, D.C. 20530



last updated April 29, 2005