



**Americans with Disabilities Act (ADA)  
Complaint Form**

**A. Contact Information**

Date of Complaint: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Representative Name (if different from Complainant): \_\_\_\_\_ Relation to Complainant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Please list preferred contact method: \_\_\_\_\_

**B. Complaint**

1. City department(s) responsible for the noncompliance for which you would like to lodge a complaint:  
\_\_\_\_\_

2. Describe briefly the circumstances of the alleged violation of the ADA requirements:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date of the alleged violation \_\_\_\_\_

4. Location where the alleged violation occurred \_\_\_\_\_

5. Names, if known, of any individuals at the City involved in the problem you encountered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Indicate a recommended corrective action that may resolve the alleged violation(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Signature of (check one)  
 Complainant  Representative

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

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**C. For city use only**

Date received: \_\_\_\_\_

Name: \_\_\_\_\_