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
   ____________________________  ____________________________
   Date: ____________________________

C. For city use only

Date received: _________________________________________________
Name: _________________________________________________________