

# Americans with Disabilities Complaint Form



Please describe in writing (or verbally to the ADA coordinator, if unable to communicate in writing) your concern or complaint and identify the approximate time, date, and place of occurrence, as well any city employees you believe to have been involved.

---

---

---

---

---

What do you think would resolve the problem or complaint?

---

---

---

---

---

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

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

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

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

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