



ADA Complaint Resolution and Reasonable Accommodation Request

NAME

First

Last

How would you like to be contacted:

(Please check one)

Mail ☐

Email ☐

Telephone ☐

Street Address

Address Line 2

City

State

Zip Code

Email:

Telephone

I am submitting:

- ☐ **A request for reasonable accommodation**
- ☐ **A complaint**
- ☐ **An allegation of discrimination or retaliation**

My complaint/accommodation request/allegation of discrimination or retaliation relates to:

- ☐ **A physical barrier (City-owned property)**
- ☐ **A City service, program, or meeting**
- ☐ **The City website**
- ☐ **Disability-related discrimination or retaliation incident date(s):**
- ☐ **Compliment/Suggestions/Question**

1. Reasonable Accommodation

Accommodation requested (please be specific:

Event details (date, time, and name of event).

☐ This accommodation is being requested because I (or the person submitting this form on my behalf) have a ADA-covered disability that prevents me from participating in the above-listed event.

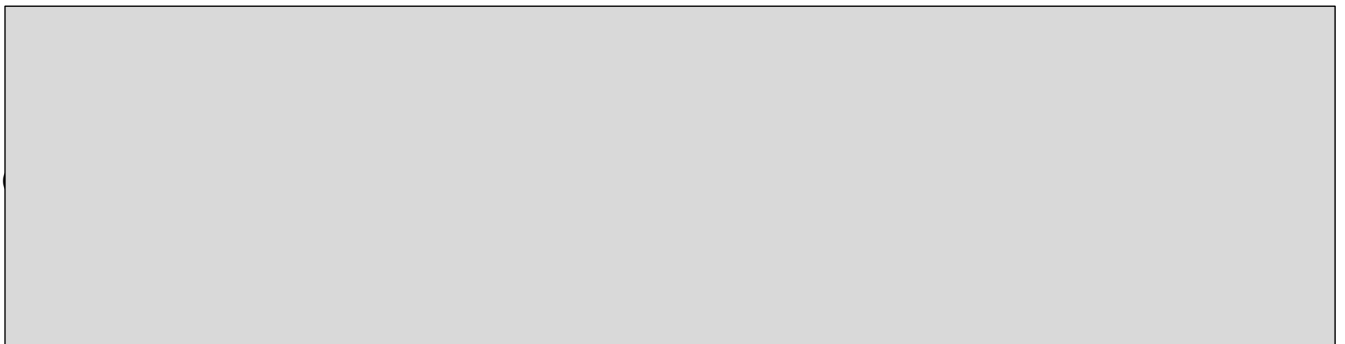
2. Complaint

Please explain the nature of your complaint and resolution you seek:



Disability-related discrimination or retaliation:

Please explain the circumstances of the alleged discrimination or retaliation, including the persons involved, potential witnesses, and evidence.



3. Compliments/Suggestions/Questions



Signature

Date