

**City of West Lafayette  
Complaint Form  
Americans with Disabilities Act (ADA)**

**Section 1:**

Please fill in completely and legibly. If the information is incomplete or it cannot be read, the complaint will not be investigated.

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Last Name	First Name	Middle Initial
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Street Address	City	State	Zip Code
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Telephone Number (including area code)	Best time to call this number
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Alternate Telephone Number (including area code)	Best time to call this number
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Email Address

**Section 2:**

Please provide a complete description of the specific issue(s) you believe inconsistent with Title II of the Americans with Disabilities Act (use additional pages as necessary and provide documentation supporting the allegation).

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**Section 3:**

Please provide a specific location(s) of the ADA issues prompting this complaint.

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**Section 4:**

Please provide the date when the ADA non-compliance occurred/was noted.

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**Section 5:**

Please state as specifically as possible what you think should be done to resolve the complaint.

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Please sign and date this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail completed complaint form to:

City of West Lafayette  
Engineering Department  
609 West Navajo Street  
West Lafayette, Indiana 47906  
ATTN: ADA Coordinator

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For Office Use Only:

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

\_\_\_\_\_  
Date investigated

Results (with supporting documentation or photographs):

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\_\_\_\_\_  
Date Complainant contacted

Method of Contact

- Phone
- Letter
- Email

Complaint Resolved?

- Yes
- No