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.

Last Name | Middle Initial | First Name

Street Address | City | State | Zip Code

Telephone Number (including area code) | Best time to call this number

Alternate Telephone Number (including area code) | Best time to call this number

Email Address

Section 2:
Please provide a complete description of the specific issue(s) you believe are inconsistent with Title II of the Americans with Disabilities Act (use additional pages as necessary and provide documentation supporting the allegation).

Section 3:
Please provide the specific location(s) of the ADA issues prompting this complaint.

Section 4:
Please provide the date when the ADA non-compliance occurred/was noted.

Section 5:
Please state as specifically as possible what you think should be done to resolve the complaint.

_____
_____
_____
_____
_____
_____
_____

Please sign and date this form.

_____ _____
Signature Date

Mail completed complaint form to:

Office of the Mayor
City of West Lafayette
609 West Navajo Street
West Lafayette, Indiana 47906
ATTN: ADA Coordination Committee

For Office Use Only:

_____ _____
Date received Date investigated

Results (with supporting documentation or photographs):

_____
_____
_____
_____

_____
Date Complainant contacted

Method of Contact
- ☐ Phone
- ☐ Letter
- ☐ Email

Complaint Resolved?
- ☐ Yes
- ☐ No

Last Updated 12/6/2010