

**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
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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).

Section 3:

Please provide a 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:

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

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