ADA Complaint Form

Section 1: Personal Information

Please fill in completely and legibly.

_____

Last Name Middle Initial First Name

_____

Street Address City State Zip Code

_____ _____

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

_____

Alternate Telephone Number (including area code)

_____

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).

_____

_____

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Section 3:

Please provide the 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.

_____

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 or Scan/Email completed complaint form to:

City of West Lafayette
Attn: Title VI Program Manager
222 N. Chauncey Avenue
West Lafayette, Indiana 47906
dfoster@westlafayette.in.gov

For Office Use Only

_____ _____
Date Complaint Received Date Investigation Completed

_____
Method of Contact (Phone, Mail, Email)

Summarize findings, analyze data collected, and write an explanation of results how to resolve discriminatory act(s). Provide supporting documentation and/or photographs.

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_____

Complaint Resolved: Yes or No (circle one)

_____
Reviewed and Investigated by (Signature)

_____
Reviewed and Investigated by (Print Full Name)

_____
Date Investigation Completed