

ADA Complaint Form

Today's Date _____

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Accessible file formats?

Large Print _____

Audio Tape _____

TDD / TTY _____

Other (please explain)

Date and Time of Alleged Incident _____

Name and contact info of witnesses or other relevant parties _____

Person taking report information _____

Update of Complaint Status:

Date	Status of the Complaint	Action Taken, if Any