

Exhibit B



Americans with Disabilities Act (ADA) Complaint Form

A. Contact Information

Date of Complaint: _____
Complainant's Name: _____
Representative Name (if different from Complainant): _____ Relation to Complainant: _____
Mailing Address: _____
Phone Number: _____ Email Address: _____
Fax Number: _____ Please list preferred contact method: _____

B. Complaint

1. City department(s) responsible for the noncompliance for which you would like to lodge a complaint:

2. Describe briefly the circumstances of the alleged violation of the ADA requirements:

3. Date of the alleged violation _____
4. Location where the alleged violation occurred _____
5. Names, if known, of any individuals at the City involved in the problem you encountered:

6. Indicate a recommended corrective action that may resolve the alleged violation(s):

7. Signature of (check one)
 Complainant Representative

Signature: _____ Date: _____

C. For city use only

Date received: _____
Name: _____