



## ADA Complaint Form

### Section 1: Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Section 2:

Please provide a complete description of the specific issue(s) you believe are inconsistent with Title II of the ADA (attach additional pages and supporting documentation as necessary).

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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.

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Section 5:

Please state as specifically as possible what you think should be done to resolve the complaint (attach additional pages and supporting documentation as necessary).

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This completed form and any additional supporting documentation should be submitted to the ADA Compliance Coordinator via e-mail, fax, usps or by way of in person delivery:

ADA Compliance Coordinator  
City of Lafayette  
Amber Schaefer, HR Director  
20 N 6<sup>th</sup> St.  
Lafayette, IN 47901  
(p) 765-807-1600  
(f)765-807-1064  
hrhelpdesk@lafayette.in.gov

