ADA Compliance Complaint Form

Complainant Information

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: ☐ Phone ☐ Email ☐ Mail

Person Filing Complaint (if different from complainant)

Name: _____

Relationship to Complainant: _____

Phone Number: _____

Email Address: _____

Complaint Information

Entity/Department/Organization Complaint Is Against: _____

Address/Location of Incident: _____

Date(s) of Incident or Alleged Violation: _____

Nature of Complaint

☐ Physical accessibility barrier

☐ Communication barrier

☐ Denial of reasonable accommodation

☐ Program or service inaccessible

☐ Employment discrimination

☐ Website or electronic accessibility issue

☐ Transportation accessibility issue

☐ Retaliation

☐ Other: _____

Description of Complaint

_____

_____

_____

_____

_____

_____

Requested Resolution

_____

_____

_____

_____

_____

_____

Witnesses (if applicable)

Name	Contact Information

Supporting Documentation

• Photographs

• Correspondence

• Medical documentation (if relevant)

• Accommodation requests

• Witness statements

• Other supporting records

Attached documents: ☐ Yes ☐ No

Certification

I certify that the information provided in this complaint is true and accurate to the best of my knowledge.

Signature: _____

Printed Name: _____

Date: _____

For Agency/Organization Use Only

Complaint Number: _____

Date Received: _____

Received By: _____

Investigation Assigned To: _____

Disposition/Outcome:

_____

_____

Date Closed: _____