## **ADA COMPLAINT FORM**

The American's with Disabilities Act (ADA) prohibits discrimination on the basis of disability in State and local government, public accommodations, commercial facilities, transportation, and telecommunications.

This form may be used to file a complaint with the City of Connersville for alleged violations of ADA. If you need assistance completing this form, please contact us by phone at 765-825-2158 or TTY by dialing 711.

NAME		PHONE NO.		ALTERNATE PHONE NO.	
ADDRESS					
ADDITESS					
CITY			STATE	ZIP CODE	
EMAIL ADDRESS			DATE	•	
PREFERRED METHOD OF CONTACT Email Phone	e Mail				
PROVIDE A DETAILED EXPLANATION OF	THE ACCESSIBILITY BARR	IER OR DISCRIMINATIO	N		
SELECT EACH OF THE FOLLOWING THAT Public Rights-of-Way			DISCRINActivity	MINATION COMPLAINT	
PROVIDE A SOLUTION TO THE COMPLAIR		service F	Activity		

City of Connersville Page 2 of 2

HAS ANY OTHER AGENCY BEEN CONTACTED REGARDING THIS REQUEST?	
Yes No	
IF YES, WHAT AGENCY OR AGENCIES DID YOU CONTACT?	
IF YOU SPOKE TO AN AGENCY OR AGENCIES, WHO WERE THE AGENTS YOU SPOKE WITH	?
SIGNATURE	DATE
GIONATIONE	DAIL
	i e e e e e e e e e e e e e e e e e e e

The laws enforced by this department prohibit retaliation or intimidation against anyone because they have either taken action or participated in action to secure the rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint, or if you have questions regarding the completion of this form please contact:

City of Connersville ADA Coordinator: Brad Colter 316 Vine Street P.O. Box: 325 Connersville, IN 47331 Phone: 765-825-2158 Fax: 765-825-5131

Email: adacoordinator@connersvillein.gov