



City of Phoenix

AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM RELATED TO CITY PROGRAMS, FACILITIES AND ACTIVITIES

Date Filed: _____

Complainant Information:

Name: _____
Address: _____
City: _____
Zip Code: _____
Phone: _____
Email: _____

Complainant's Representative Information: (If appropriate)

Name: _____
Address: _____
City: _____
Zip Code: _____
Phone: _____
Email: _____

Details of Complaint

Date of incident: (Must be filed within 180 days of incident) _____

Location of incident: _____

City department/staff you spoke with: _____

Complaint Description: (Please provide a brief summary of the situation regarding this ADA complaint. Include the names of individuals involved and as much detail as possible).

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available to persons with disabilities upon request.

Send your completed form to:

Address:

City of Phoenix Equal Opportunity Department
Attn: Ira McCullough
200 W. Washington Street, 15th Floor
Phoenix, Arizona 85003

E-mail: ira.mccullough@phoenix.gov