



## Americans with Disabilities Act (ADA)

### ADA/Accessibility Complaint Form

Please fill out the form below and include the name, address, email and phone number of the complainant, as well as information about the problem.

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If you answered "no" to this question, please supply the name and relationship of the person for whom you are making the complaint for.			Name:	
If you are filing on behalf of a third party, please explain why.				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party by indicating "yes" or "no".			Yes	No
<b>Name of representative:</b>				



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### Section III:

Date of incident: (Must be filed within 60 days of incident) \_\_\_\_\_

Location or address of incident: \_\_\_\_\_

City Department/Employee you spoke with: \_\_\_\_\_

#### Details of Complaint:

Explain as clearly as possible what occurred and any ADA concerns identified. Describe all persons who were involved. Include the name and contact information of the person(s) who were involved (if known) as well as names and contact information of any witnesses. If more space is needed, please write out on extra paper and submit with the form.

### Section IV

Have you previously filed a complaint with this office?	Yes	No
If no, have you filed a complaint with a specific city division? Name of division: _____	Yes	No



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Section V	
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, check all that apply and fill in agency's name:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name: _____	
Title: _____	
Agency: _____	
Address: _____	
Telephone: _____	

You may attach any written materials or other information that you think is relevant to your complaint. Your authorized signature and date of the complaint are required below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person or mail to:

**City of Scottsdale Office of Diversity**

Attn: Sharon Cini, Diversity Manager

3939 N. Drinkwater Blvd.

Scottsdale, Arizona 85251

**Email: [ada@scottsdaleaz.gov](mailto:ada@scottsdaleaz.gov)**

**Phone: 480-312-2727**