



ADA Complaint Form for Patrons and Visitors

Person completeing form (check one):

Name: _____

Address: _____

Telephone #: (____) _____

E-Mail: _____

ALLEGED VIOLATIONS

Describe the circumstances and specific location, i.e. park name /location, in which the alleged ADA violation occurred. Please be specific and provide details (attach additional pages if necessary).

REQUESTED ACTION

Please describe the action(s) you would like taken to correct the alleged ADA violation. Please be specific.

Signature

Date