

City of Silverton ADA Complaint Form

Section I:

Name: _____

Address: _____

Telephone (Home): _____ Telephone (Work): _____

Email Address: _____

Accessible Format Requirements? (Circle any that are required): Large Print, Audio Tape, TDD,
Other: _____

Section II:

Are you filing this complaint on your own behalf? Yes* No

*If you answered "yes" to this question, go to Section III

In not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party: Yes No

Section III:

Explain as clearly as possible what happened and why you believe you were discriminated against or not provided reasonable modifications. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV:

Have you previously filed an ADA related complaint with this agency? Yes No

