## City of Silverton ADA Complaint Form

**Section I:** 

## Address: Telephone (Home): \_\_\_\_\_\_ Telephone (Work):\_\_\_\_\_ Email Address: Accessible Format Requirements? (Circle any that are required): Large Print, Audio Tape, TDD, 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

	Fodoral Aganay		
	Federal Agency		
	Federal Court		
	State Court		
	State Agency		
	Local Agency		
Please provide information about a contact person at the agency/court where the complain filed.  Name:			
		Address:	
		Telephone:	
Section VI:  Name of agency complaint is against:			
		Contact person:	
Title:			
Telephone number:			
You may attach any written materials complaint.	s or other information that you think is relevant to your		
Signature and date required below			
Signature	Date		
	at the address below, or mail this form to: Manager/Human Resources Coordinator		

EGray@Silverton.or.us