



Title II of the Americans with Disabilities Act Complaint form

Instructions

Please fill out this form completely, in black ink or type. Keep a copy of this form, and return the original to the ADA Coordinator.

Sign and return to:

Larry Robertson
ADA Coordinator
109 S. McKinley Ave
Emmett, ID 83617

If you are unable to fill out this form, please call or have someone call for you to get accommodation to report a complaint. 208-365-5144

Complaint:

Your Address: _____

Telephone to contact: _____

Your email: _____

If your complaint involves a specific event, when did the incident occur?

Describe in detail the event/situation for which you are seeking ADA relief. Provide name(s), if appropriate, of individuals who were involved/witnessed (use additional pages if necessary):

If this is a general request for accommodation, describe the functional limitations caused by your disability for which you are requesting this accommodation:

Describe any accommodation(s) that you believe would minimize or eliminate the barriers to your participation in the County's services, activities, programs, or benefits:

I will need an accommodation to meet with the ADA Coordinator: Yes No

If "Yes", the accommodation I will need is:

Signature: _____

Print Name: _____

Date: _____