



Americans with Disabilities (ADA) Complaint Form

To file a grievance of an alleged violation of the Americans with Disabilities Act (ADA)- complete and submit this form with as much information as possible.

Contact Information

Name:	Phone Number:
Address:	Alternate Phone Number:
Email Address:	Agency Name (If applicable):

Details

Date of occurrence:
Date you received accommodation decision (if applicable):
Select the box that describe the type of incident:
<input type="checkbox"/> Employment <input type="checkbox"/> Accessibility <input type="checkbox"/> Service Animal <input type="checkbox"/> Parking <input type="checkbox"/> Public Service/Transportation <input type="checkbox"/> Other

Location

Provide the specific location(s):

Describe the alleged violation in your own words:

Describe the alleged violation in your own words:

Provide the contact information for any witnesses:

Identify the relief you are seeking by initiating this complaint process:

To Submit the Form

Save a copy and return this completed document and any additional information supporting the allegation to:

Ashley Scott
ADA Coordinator
Office of Community Development
131 Court St., Suite 302
Elyria, OH 44035

Email address: ascott@cityofelyria.org

What To Expect:

Within 30 days after receipt of the complaint, the ADA Coordinator or designee will:

- Contact the grievant to discuss the complaint and the possible resolutions.
- Provide a written response of a meeting date if applicable, in a format accessible to the grievant, (Large Print, Braille, or audio tape). The written response will explain the position of the agency and offer options for substantive resolution of the complaint.
- Provide instruction on how to Appeal this decision if the response does not satisfactorily resolve your grievance.