

**Title II of the Americans with Disabilities Act****Section 504 of the Rehabilitation Act of 1973****Accessibility Complaint Form**

This complaint Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the (City of Clinton) or a local public agency in Iowa when it is related to vehicular or pedestrian transportation.

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance is available upon request. Please contact City Hall at (563) 242-2144.

**Your Information**

Complainant		
Last Name	First Name	
Mailing Address	City/ State	ZIP Code
Telephone (available between 8 AM & 4PM Monday – Friday)	E-mail Address	

**Person(s) discriminated against (if other than complainant)**

Person(s) discriminated against (if other than complainant)			
Last Name	First Name		
Mailing Address	City	State	ZIP Code

**Government, organization, or institute that you believe discriminated against you**

Name

Address

City/ County

State

ZIP Code

Telephone number

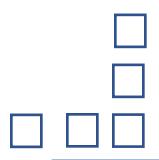
Date Discrimination occurred

**Describe the act(s) of discrimination, including name(s), if possible, of the individual(s) who discriminated against you.**

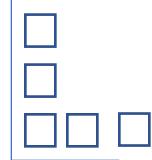
If applicable, what is the location of the non- accessible feature?

Please provide comments, suggestions, or other information that may assist us in providing a better service to you:

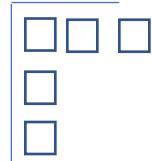
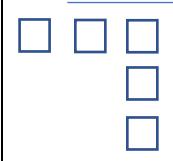
ADA Curb Ramp Complaint  
(if applicable)



Street Name



Street Name



Please mark with an 'X' on the above diagram the location(s) where you believe there is a curb ramp issue

If applicable, description and exact location of non-accessible feature

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes

No

If yes, what is the status of the grievance?

**Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local Civil Rights Agency or Court?**

Agency/ Court	Contact Name		
City	County	State	ZIP Code
Date Filed	Telephone Number	Status	

Do you intend to file with another agency or court?  Yes /  No

If yes, which agency or court?

Additional Comments:	
Complainant Signature	Date

Mail completed form to: Matt Brooke  
City Administrator and ADA Coordinator  
Clinton City Hall  
611 S 3<sup>rd</sup> Street  
P.O. Box 2958  
Clinton, IA 52732-2958

For official use only:

Date Complaint Received:

Referred to:

Division:

Date Referred

---