

Americans With Disabilities Act
COMPLAINT FORM

Name: _____ Telephone: _____
(please print)

Address: _____
Street City State Zip

Is this complaint on behalf of you? _____ or another person? _____

Other person's name: _____

Address: _____

Telephone: _____

Why are you completing this form for another person?

Is your complaint the result of facilities? _____ services? _____ other? _____
(specify)

Please describe the nature of your complaint. Include date and time. Be specific as possible.

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Did you seek assistance from Library staff?

If yes, please provide the name of the staff person:

What was the result?

What special accommodations would you need to use Library facilities and/or services?

What action do you suggest the Library take to satisfy your needs?

_____	submitted to: _____
(signature)	(signature of staff member)
_____	_____
(date)	(date)