

AMERICANS WITH DISABILITIES ACT (ADA)

COMPLAINT FORM

Please use this form in filing a written complaint on disability in the provision of services, activities, programs or benefits.

Please submit this form to Montgomery County, Kansas ADA Coordinator; you may find contact information for the individual appointed as the county's ADA Coordinator at mgcountyks.org website

COMPLAINANT INFORMATION

Name: _____ **Date** _____

Home Address: _____ **Work Email (Optional)** _____

Home Phone: _____ **Work Phone (Optional)** _____

Home Email (Optional) _____

1. Your claim is made against:

County Agency:

Name:

Title:

Address:

Phone:

2. Location(s) & date(s) of the circumstances giving rise to this complaint:

Are the circumstances of such complaint continuing?

Please, Circle One-

Yes

No

3. Please describe the alleged denial of services, activities, programs, or benefits & your reason(s) for concluding that the conduct is in violation of ADA requirements. Please include the name(s) of witnesses, if any, alleged location(s) and attach any supporting data, if available.

4. A. Have you filed a claim regarding this complaint with federal, state or another local government agency(ies)?

Please, Circle One-

Yes No

B. Have you previously filed an ADA complaint with Montgomery County, Kansas

Please, Circle One-

Yes No

C. Have you hired an attorney in respect to the alleged complaint?

Please, Circle One-

Yes No

D. Have you instituted a legal suit or court action regarding this complaint?

Please, Circle One-

Yes No

5. This complaint form was completed by:

Please, Circle One-

ADA Coordinator Complainant Third Party Representative

(If filing as a third party representative, please supply the name & any relationship of the person for whom the complaint is being submitted:)

Complainant's Signature _____

Date filed therein the Office of the MG Co., Ks. ADA Coordinator _____

Official having received this complaint form _____