



## City of Phoenix

### AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM RELATED TO CITY PROGRAMS, FACILITIES AND ACTIVITIES

Date Filed: \_\_\_\_\_

#### Complainant Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Complainant's Representative Information: (If appropriate)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Details of Complaint

Date of incident: (Must be filed within 180 days of incident) \_\_\_\_\_

Location of incident: \_\_\_\_\_

City department/staff you spoke with: \_\_\_\_\_

Complaint Description: (Please provide a brief summary of the situation regarding this ADA complaint. Include the names of individuals involved and as much detail as possible).

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available to persons with disabilities upon request.

Send your completed form to:

Address:

City of Phoenix Equal Opportunity Department  
Attn: Kirsten Verbus  
200 W. Washington Street, 15<sup>th</sup> Floor  
Phoenix, Arizona 85003

E-mail: [kirsten.verbus@phoenix.gov](mailto:kirsten.verbus@phoenix.gov)