

## Americans with Disabilities Act (ADA) Discrimination Complaint Form

You may use this form to initiate an internal grievance procedure to investigate and resolve complaints alleging that the City of Roseburg has not complied with the ADA.

### A. CONTACTS

1. Date of Complaint: \_\_\_\_\_
  
2. Complainant's Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Relation to Complainant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
TTY: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Please list preferred contact method: \_\_\_\_\_
  
3. Name and location of the City of Roseburg employee, service or program that did not comply with your ADA request:

**B. ALLEGED VIOLATIONS**

Describe briefly, but with sufficient detail, the circumstances of the alleged violation of the ADA requirements (how the City of Roseburg has not complied with the ADA). Indicate the date, place, and nature of the occurrence. Include the names, if known, of employee(s) involved, and the names of any persons witnessing the event. Attach additional pages if necessary:

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**C. RECOMMENDED ACTION**

Indicate recommended corrective action that may resolve the alleged violation(s):

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**D. SIGNATURE OF (check one)**

Complainant                       Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Complaints should be addressed to: John VanWinkle, ADA Coordinator, City of Roseburg, 900 SE Douglas Avenue, Roseburg, Oregon 97470 - (541) 492-6866, who has been designated to coordinate ADA Compliance efforts. Oregon Communications Relay Service 1-800-735-2900 (TDD users).