

City of Arlington, Texas

Americans with Disabilities Act Complaint Form

The purpose of this form is to file a complaint regarding facilities or an alleged incident of discrimination related to the Americans with Disabilities Act. The City of Arlington has an internal procedure providing for prompt review and resolution of accessibility complaints for any visitor to City programs or facilities, or concerning an employee applicant. If you need help completing any of the requested information, you may contact the ADA Coordinator.

All complaints related to alleged incidents must be filed within 180 days of the alleged incident.

Date Submitted: _____

REQUESTOR'S CONTACT INFORMATION:

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

If the ADA accommodation is being requested for someone other than yourself, please name that individual and provide his/her contact information:

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Your relationship to this person: _____

Alleged Incident: Please describe the circumstances and specific location that prompted this complaint. Please be as specific as possible (park or facility name, street address, etc.) and provide details, attaching additional pages if necessary.

What specific resolution are you requesting for the circumstances or specific location that prompted this complaint?

Future Accessibility: Please describe an accommodation or accessibility improvement that would help provide greater access to this program or facility or would prevent future similar incidents.

Complainant's Signature: _____

Date: _____

Please submit this form/the information on this form to:

ADA Coordinator, Department of Public Works and Transportation, 101 W. Abram St., Arlington, Texas 76010