



City of Jefferson

ADA Complaint Form

Name of Complainant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Preferred Method(s) of Communication: _____

I. DESCRIBE YOUR COMPLAINT OF DISCRIMINATION BASED UPON DISABILITY. Be specific and give dates, times, and locations.

II. PERSONS NAMED IN YOUR COMPLAINT. List the names of all persons involved in your complaint. Indicate the job title(s) and city department(s) if possible.

III. WITNESSES TO YOUR COMPLAINT. List the names of all persons involved in your complaint. Indicate the job title(s) and city department(s) if possible.

IV. EVIDENCE AND DOCUMENTATION. List and provide any physical evidence, written or recorded document, or any other information that directly supports your specific claim of discrimination.

V. CASE REMEDY AND/OR RESOLUTION. What remedies or resolutions are you seeking?

CERTIFICATION

I hereby certify that the information and statements provided above are true.

Signature: _____ Date: _____

If Complainant is not the individual completing this form, please provide:

Representative's Name: _____

Address: _____

Telephone Number: _____

Please submit this form to:

City Counselor/ADA Coordinator
City of Jefferson
320 E. McCarty Street
Jefferson City, MO 65101

Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.