

Title II of the Americans with Disabilities Act Complaint Form

Instructions

Please fill out this form completely, in black ink or type. Keep a copy of this form, and return the original to the ADA Coordinator.

Sign and return to:

Joy Schaefer
Office of ADA Coordinator
111 W. Chesapeake Avenue, Room 105
Towson, Maryland 21204

This document is available in alternative format upon request.

Complainant:

Address:

Telephone:

E-mail:

If your complaint involves a specific event, when did the incident occur?

Describe in detail the event/situation for which you are seeking ADA relief. Provide name(s), if appropriate, of individuals who were involved (use additional pages if necessary):

If this is a general request for an accommodation, describe the functional limitations caused by your disability for which you are requesting this accommodation.

Describe any accommodations that you believe would minimize or eliminate the barriers to your participation in the County's services, activities, programs, or benefits.

I will need an accommodation to meet with the ADA Coordinator: Yes No

If "Yes," the accommodation I will need is:

Signature:

Date: