



COMPLAINT OF ADA TITLE II NONCOMPLIANCE

Date: _____

Please provide your contact information:

Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Phone (day): _____

Phone (evening): _____

Email: _____

Preferred Method of Contact: _____

1. Please describe the problem you encountered:

2. Date of the alleged violation:

3. Location of the problem:

4. Please provide, where possible, the names of any individuals at the City of Glendale involved in the problem you encountered:

5. What change would you wish to see that would be helpful in solving this problem?

To include more information, please attach additional sheets as necessary.

Thank you for completing this form.

Please submit the completed form to the following address:

ADA Title II Coordinator
424 North Sappington Road
Glendale, MO 63122

OR

Fax to (314) 965-4772

OR

Email to jchristensen@glendalemo.org

Your complaint will be addressed within 30 business days. For more information about completing and submitting this form or about the Complaint Process, please visit www.glendalemo.org/accessibility or call 314-965-3600.