



## **City of Daphne ADA Complaint/Grievance Form**

Please complete and return to: City of Daphne, ADA Coordinator, P.O. Box 400 Daphne, AL 36526. By request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at the address listed above, via telephone (251) 621-3182, fax (251) 621-3189, e-mail: [weringman@daphneal.com](mailto:weringman@daphneal.com)

✚ Name of Complainant: \_\_\_\_\_

(If someone other than complainant is filling out form, please state relationship above)

✚ Street Address of Complainant: \_\_\_\_\_

✚ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

✚ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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✚ Street Address/Location of Complaint – Please be as specific as possible as to the location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

✚ Please describe complaint (attach additional pages, if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

✚ Please describe below what you think may be done to resolve the complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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