

Guadalupe Americans with Disabilities Act (ADA) Complaint Procedure

If you or someone you know with a disability, access or function need has a complaint, concern or problem accessing Guadalupe's programs, services, communications, activities, events, facilities, vendors, or businesses, **we want to know about it!** Please fill out the form below and include the name, address, email and phone number of the complainant, as well as information about the problem.

The complaint is required in writing so we can follow up accurately. Please use the attached form and include the name, address, and phone number of the complainant, as well as information about the alleged discrimination, including the location, date, contact information, and description of the problem and what you may have done to address the situation. If you can please send us pictures, if applicable, at the email address as well.

Alternative means of filing a complaint, such as a personal interview will be accepted. Accommodations or alternate formats will be provided upon request during this process.

The complaint is to be submitted as soon as possible, but no later than 180 calendar days after the alleged violation to:

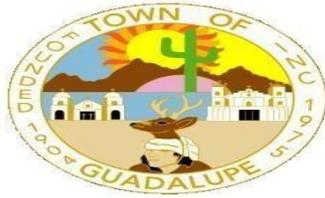
Amber Carter
Senior Center Transportation
Director
Town of Guadalupe Senior
Center
9401 S. Avenida del Yaqui, Guadalupe, AZ 85283
acarter@guadalupeaz.org

(480) 505-5393 Direct line
(480) 505-5397 Fax

A review of the complaint will be conducted within 30 calendar days with the complainant. If accessibility accommodations, such as large print, ASL interpreter or other accommodations are required, please let us know immediately.

When a decision is made regarding the complaint, a response will be provided in writing. The review process shall not exceed 150 calendar days from the complaint date. The complainant may appeal the decision to the Town Manager or his designee within 30 working days.

All written complaints received by the ADA Senior Center Transportation Director, including appeals to the Town Manager or his designee, and responses from these two offices will be retained by the Town of Guadalupe per the appropriate records retention schedule.



ADA Complaint Form

Today's Date: _____

Your Information:

Name: _____

Address: _____

Town: _____

Zip Code: _____

Phone: _____

Email: _____

Preferred Contact: _____

Designee Information: (If appropriate)

Name: _____

Address: _____

Town: _____

Zip Code: _____

Phone: _____

Email: _____

Preferred Contact: _____

Details of Complaint

Date of incident: (Must be filed within 180 days of incident) _____

Location or address of incident: _____

Town Department/Employee you spoke with: _____

Complaint: (Provide brief summary of the ADA complaint. Please include names of individuals involved and as much detail as possible).

If you have questions or wish to discuss your complaint before submitting the form, please contact us.

Respectfully,

Michele Stokes, ADA Compliance Specialist

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