



ADA Complaint Form

Today's Date: _____

Your Information:

Name: _____

Address: _____

City: _____

Zip Code: _____

Phone: _____

Email: _____

Designee Information: (If appropriate)

Name: _____

Address: _____

City: _____

Zip Code: _____

Phone: _____

Email: _____

Details of Complaint

Date of incident or issue noticed: (Must be filed within 90 days of incident) _____

Location or address of incident or issue: _____

Town 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.

Lorena Nuñez

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