



## 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

Town of Guadalupe, 9241 S. Avenida del Yaqui, Guadalupe, AZ 85283

(480) 505-5386 Direct line

(480) 505-5368 FAX

[lnuñez@guadalupeaz.gov](mailto:lnuñez@guadalupeaz.gov)