

**TOWN OF WEST HARTFORD
ADA COMPLAINT FOR PATRONS AND VISITORS**

Date of Incident: _____

Person Completing Form (circle one):

Complainant

Authorized Representative

Name: _____

Phone Number: _____

E-Mail: _____

Mailing Address: _____

Alleged Violation

Describe the circumstances that prompted your specific ADA complaint. Please be specific and provide details. (Attach additional pages if necessary.)

Requested Action

Please describe the accommodation or request that would help to provide you with greater access to our facilities, programs or services.

Signature

Today's Date