

Title II of the American with Disabilities Act

City of Attica Notification Procedure

Instructions: Sign and return original with signature to:

Duane Roderick
ADA Coordinator
305 E. Main St.
Attica, IN 47918
Phone: 765-762-2478

Please fill out this form completely. Please note that this ADA notification procedure is for facilities, services and programs owned and/or operated by the City of Attica.

Your Name:

(complainant)

Address:

Telephone:

Home: _____ Work: _____ Cell: _____

Reason for grievance/complaint, or why you feel you have been discriminated against. Please be specific and provide as much information as possible i.e. location, date, time, names, etc. Use a separate sheet if more space is needed.

State if you require an alternative form for any written follow-up communications:

Your signature:

Date:

If you have questions about this form, need an accommodation, or a different format, please contact the ADA Coordinator's Office at 765-762-2478 or send an email to mayor@tctc.com
Please allow 30 business days to investigate and respond to your complaint.