

## ADA Complaint Form

Full Name:	
Street Address:	
City:	State & Zip Code
Phone:	Email:
Name of party discriminated against (If Known) & different than above:	
Name of city department you believe has committed the discrimination:	
Provide a brief description of the acts of discrimination, the dates they occurred and the names of individuals involved:	
Other information you believe necessary to support your complaint, including copies (not originals) of relevant documents:	
Information about how to communicate with you effectively:	

**Please return completed forms to:**

**Darla Rhoden, HR Director / ADA Coordinator**

**387 NE Third Street**

**Prineville, Oregon 97754**

**541.447.5627**

**[drhoden@cityofprineville.com](mailto:drhoden@cityofprineville.com)**

If you are unable to write because of your disability and are unable to submit a complaint online, by mail, email or facsimile, the ADA Coordinator, Darla Rhoden 541.447.5627 can assist you by scribing your complaint by phone or making other arrangements.

## **What Happens After My Complaint Is Received?**

After the complaint is received and reviewed, we will inform you of our action, which may include the following:

- Contacting you for additional information or copies of relevant documents;
- Investigating your complaint;
- Seek possible methods for resolution and timeline;