

REPORT OF ADA CONCERN

Date: _____ Name: _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Phone (day): _____ Phone (night): _____

Email: _____ Preferred Method of Contact: _____

Report of ADA Concern:

1. Please specify the city department responsible for the concern for which you would like to lodge a report:

2. Please describe the problem you encountered or the specific concern that you have:

3. Date the alleged violation or concern occurred:

4. Location where the alleged violation or concern occurred:

5. Please provide the names, if known, of any individuals at the City involved in the problem you encountered:

6. What change would you wish to see that would be helpful in resolving this concern:

7. Please provide any further information you may have regarding this concern. Please attach additional pages as needed.

Thank you for completing this form. Your concern will be acknowledged within five business days and you will be notified of what steps the City of Salem will take to address your request. Should you be unsatisfied with the response to your concern, you may appeal to the ADA Coordinator, at 503-540-2371 / (TDD/TTY) 503-588-6439 or humanrights@cityofsalem.net. For information on requesting a reasonable accommodation or reporting an ADA concern process, please visit:

www.cityofsalem.net/HumanResources

DEPARTMENT TO COMPLETE

Log No.: _____ Date Received: _____ Dept. Representative: _____