



CITY OF SPRINGFIELD ADA COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint under the Americans With Disabilities Act. The ADA prohibits discrimination based on disability.

You may file a complaint against the City, a City contractor, or a City subrecipient of federal funds. All complaints must be filed in writing within sixty (60) calendar days of the alleged occurrence of discrimination or when the alleged discrimination became known to you. Send all complaints to:

City ADA Coordinator
Tom Muggleston
City of Springfield
225 Fifth St.
Springfield, OR 97477
Phone: 541-726-3724
Email: tmuggleston@springfield-or.gov

This is an administrative process that does not provide for compensatory or punitive damages.

The City's process is not exclusive. A person filing a complaint with the City may also file a complaint with other state or federal agencies or the courts. Other agencies may have different time limits for filing complaints.

1. Complainant's name and contact information:

NAME: ~~XXXXXX~~ _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____
PHONE: _____
EMAIL: _____



Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant Signature

Date

Person submitting's signature if submitted by a person other than the complainant.

Person submitting complaint Signature

Date