

The City of Morgantown
Administrative Policy
Americans with Disabilities Act Complaint Form

The City of Morgantown, West Virginia (“City”) hereby adopts this Complaint Form for use in submission of complaints and grievances under the Americans with Disabilities Act (“ADA”):

Please describe in writing (or verbally to the ADA Coordinator, if unable to communicate in writing) your concern or complaint and identify the approximate time, date, and place of occurrence, as well as any employees, agents, or officers of the City who may have been involved in the incident or issue:

What do you think would resolve the problem or complaint?

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Representative Name: _____

Representative Address: _____

Representative Phone: _____

Representative Email: _____

Representative Signature: _____

Date: _____