

Town of Gibsonville

Americans with Disabilities Act Complaint Form

This form is used to file an American with Disabilities Act (ADA) complaint to the Town of Gibsonville. Once you have completed this form return it to the Town's ADA Coordinator:

James Todd
ADA Coordinator and Fire Chief/Safety Director
218 Piedmont Ave
Gibsonville, NC 27249

Questions call James Todd at (336) 212-1741 or Email to: jtodd@gibsonville.net

1. Name (Complainant): _____

2. Phone: _____

3. Home Address: _____

4. If applicable, name of the person who you believe discriminated against you:

5. Date and Location of Incident: _____

6. Discrimination based on: _____

7. Briefly explain what happened and how you feel you were discriminated against. Please include how you feel others were treated differently than you.

8. Why do you believe the event occurred? _____

9. Discuss any other information that you feel is relevant. _____

10. How may this issue be resolved to your satisfaction? _____

11. List any person(s) that may be contacted for additional information:
Name: _____ Phone #: _____
Name: _____ Phone #: _____

12. Have you filed a complaint with any other agency? YES NO
If YES please provide the agency information and date. _____

Signature (Complainant): _____
Date: _____

Do Not Write Below This Line

Date Received: _____ Investigated: _____ Corrected: _____