

CITY OF WAUSAU
AMERICANS WITH DISABILITIES ACT (ADA)
COMPLAINT FORM

Instructions: Please complete this form in its entirety and return to: City Clerk, ADA Coordinator, City Hall, 407 Grant Street, Wausau WI 54403 (or) Email: clerk@ci.wausau.wi.us (or) Fax: 715-261-6626

Any questions regarding this form, please call ADA Coordinator at 715-261-6620.

Name: _____

Address: _____

Phone Number: _____ (indicate type)

Location of Alleged Violation: _____

Date of Alleged Violation: _____

Accommodation Request for Response: _____

Description of Alleged Violation (use additional sheets if necessary): _____

Signed: _____

Date: _____