CITY OF CLARKSTON PUBLIC ADA COMPLAINT FORM

NAME OF ENTITY: CITY OF CLARKSTON

Americans with Disabilities Act Public Complaint Form

TURN IN TO: CITY CLERK

NAME OF COMPLAINANT	ADDRESS	PHONE
THINE OF COME EMINING	TIDDICES	THOILE
ISSUE (Identify the nature of disability and how it impairs a major life function)		
PROPOSED ACCOMMODATION/RESOLUTION:		
I KOI OSED ACCOMMODATION/RESOLUTION.		
RESERVED FOR ENTITY USE		
DATE RECEIVED:	BY:	
DATE GENTETO ADA GOODDINATION		
DATE SENT TO ADA COORDINATOR:		
DATE CITY RESPONSE SENT:		
DATE CITT KESTONSE SENT.		