| City of Eureka Springs A | Arkansas - ADA | Compla | int Review Respo | onse |
|-----------------------------|----------------|----------|------------------|-----------------------|
| To: | | | | |
| Address: | | | | |
| City: | State: | | Zip Code: | |
| Phone: | | | | |
| Date Complaint Received | d: | | | |
| Your complaint states: | | | | |
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| Your stated resolution to | the problem: | | | |
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| The response to this filed | complaint: | | | |
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| This response is filed by t | he ADA Complai | int Revi | ew Committee, C | ity of Eureka Springs |
| Datad | | | | |
| Dated: | | | | |
| | | | | |