

**City of Eureka Springs Arkansas**

**Americans With Disabilities Complaint Form**

**Please indicate in writing (verbally, if unable to communicate in writing) your concern or complaint and indicate the approximate time, date and place of the occurrence. Please provide specific information about the alleged violation or discrimination. Complaints should be submitted as soon as possible, but no later than 60 calendar days, after the date of the alleged violation or discriminatory act. If you have a specific area(s) of Title II violation(s) that relate to this complaint, please also list them here to help us review your concerns completely.**

**What do you think would resolve the problem or complaint?**

**Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Telephone:**

**Date of Submission:**

**Signed:**