



ADA Coordinator
 900 Quay Street, Manitowoc, WI 54220-4543
 Phone: 920-686-6990 Fax: 920-686-6999
 website/e-mail: www.manitowoc.org • cityattorney@manitowoc.org

Americans with Disability Complaint/ Assistance Form

Name: _____ Phone (day): _____
 Address: _____ Phone (evening): _____
 City: _____ State: _____ Zip: _____ Email: _____

Do you need a sign language interpreter? Y N (Circle One)

The ADA Coordinator helps to investigate and resolve disability access problems and disability discrimination issues of the City of Manitowoc. Access issues usually fall into one of three categories. Please let us know which category best describes your issue:

- Architectural Access-** Please check here if the access problem is architectural—for example, a wheelchair ramp is needed, accessible bathrooms are not available, or counters and phones are not at the correct height for wheelchair users.
- Programmatic Access-** Please check here if the access problem is programmatic- for example, you cannot get or maintain a city benefit or service because of a disability, or you asked for a reasonable modification of a police or procedure in order to obtain City benefits or services, but were denied one.
- Communication Access-** Please check here if the access problem involves communication – for example, you need an interpreter, materials in alternative formats, or other auxiliary aids and services in order to have equal access to information and communications for a City benefit, service or activity.

Which City Department does this request or complaint involve? _____

If not a City Department, check if this is an entity that receives City funds.

If yes, please provide more information below

Name of City Funded Agency: _____

Please describe the problem you encountered:

Please give us the date of the most recent problem: _____

Please give us the location of the problem:

Is there a change in policy or procedure that you wish to see that would be helpful in solving this problem?

Do you know the name or position of any of the staff you have encountered to discuss this issue?

Name: _____

Position: _____

Name: _____

Position: _____

Was there anyone else who had the same difficulty that you are aware of, or with whom you would want us to talk to in order to get more information?

Name: _____

Phone Number: _____

*Please return this form to the **City of Manitowoc ADA Coordinator, c/o City Attorney, City Hall 900 Quay Street, Manitowoc, WI 54220-4543** or cityattorney@manitowoc.org. The ADA Coordinator will conduct an investigation and attempt to resolve the complaint in a manner that is both satisfactory to you and consistent with applicable law. If you have provided your contact information, you should receive a written response from the City Attorney within a maximum of 30 days. If you do not, please contact us at 920-686-6990.*