

**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
ISSUE (Identify the nature of disability and how it impairs a major life function)		
PROPOSED ACCOMMODATION/RESOLUTION:		
RESERVED FOR ENTITY USE		
DATE RECEIVED:		BY:
DATE SENT TO ADA COORDINATOR:		
DATE CITY RESPONSE SENT:		