



**Americans with Disabilities Act
Discrimination Complaint Form**

Instructions: Please fill out this form completely. Sign and return to the ADA Coordinator, Kevin Mattias, PO Box 50, Lincoln City, OR 97367 or e-mail to kmattias@lincolncity.org

Name of Complainant: _____

Address: _____

City, State and Zip Code: _____

Phone/E-mail: _____

Individual(s) Discriminated Against: _____

Address: _____

City, State and Zip Code: _____

Phone/E-mail: _____

Alleged Violations (Include details of occurrence, dates and individuals/departments involved): _____

Requested Action by the City to Correct: _____

Has a Complaint been filed with any Federal/State agency? Yes ___ No ___

If yes, name of agency and date filed: _____

Signature of Complainant

Date