



OCR/ADA Office Use Only
Complaint Number _____
Date Received _____
Date Closed _____

Title II of the Americans with Disabilities Act (ADA)

Complaint

If you believe the City of Austin has discriminated against you in its programs, services, and activities, you can file a complaint.

Complaint Process

1. This form is to help you file a complaint. You are not required to use this form; a letter or an email with the same information will be accepted.
2. We will review your information and notify the City Department that is involved.
3. We may contact you for more information to better understand the situation.
4. City staff will resolve your complaint as quickly as possible.

Instructions

Provide complete information. Sign and return your complaint to:

Email: officeofcivilrights@austintexas.gov

Fax: (512) 974-3278

Mail: P.O. Box 1088, Austin, TX 78767

In-Person: 505 Barton Springs Road, Suite 515, Austin TX 78704

For Help, contact the Office of Civil Rights at (512) 974-3251 or officeofcivilrights@austintexas.gov.

City of Austin's ADA Coordinator is Mr. David Ondich. Email: ada@austintexas.gov Phone: (512)-974-3256

Your Full Name

Mailing Address

Phone

E-mail

Name of the City Department

Name of the City Program, Service, or Activity

Name or Position Titles of People Involved

Please tell us about your complaint. Tell us what happened, where, and when.



Your Signature

Date