## City of Wilmington, NC

## AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM

INSTRUCTIONS: If you would like to submit an Americans with Disabilities Act (ADA) Complaint to the City of Wilmington, please complete the form below and return to the City's ADA Coordinator, Jonathan Batts, c/o City of Wilmington, 102 North 3<sup>rd</sup> Street, Post Office Box 1810, Wilmington, North Carolina, 28402 or by email to jonathan.batts@wilmingtonnc.gov.

For additional questions, please contact the City's ADA Coordinator at (910) 341-7810 or (910) 341-5876.

1. Name (Complainant):	
2. Phone:	
	y, State, Zip Code):
4. If applicable, the name(s) of	the person(s) who you believe treated you unfairly or improperly:
5. Date of the Incident:	
6. Primary type of disability:	☐ Mobility ☐ Cognitive/Intellectual/Developmental ☐ Learning
	☐ Mental/Psychiatric ☐ Vision ☐ Hearing ☐ Seizure
	☐ Speech ☐ Other, please list
	ed and how you feel you were treated unfairly or improperly. Please rs were treated differently than you.
	on that you feel may be relevant to this incident?
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mation on a contact person at that agency/court: