

Loyalsock Township Americans with Disabilities Act Complaint Form

Instructions:

Please fill our form completely, keep a copy for your records and return the original to the Loyalsock Township ADA Coordinator. If you are unable to fill out the form, please call the Township office at 570-323-6151 and we will provide you with assistance.

Sign and return to:

Bill Burdett
ADA Coordinator
Loyalsock Township
2501 East Third Street
Williamsport, PA 17701

Complaint:

Use the reverse side of form if you need more space.

Your Name: (Please Print) _____

Your Address: _____

Telephone contact: _____

Your email address: _____

If your complaint involves a specific event or activity let us know the event and where and when it occurred:

Describe in detail the event / situation for which you are seeking ADA relief. Provide names of any individuals who were involved or may be witness to your need. Use the reverse side of this form if you need more space:

If this is a general request for accommodation, describe the functional limitations caused by your disability for which you are requesting the accommodation:

Describe any accommodations that you believe would minimize or eliminate the barriers to your participation in the Township's services, activities, or programs:

I will need an accommodation to meet with the ADA Coordinator: ____yes ____no

If yes, the accommodation I will need is:

Signature: _____ Date _____

Loyalsock Township Staff – Received by _____ Date _____