



ADA Complaint

To submit your complaint in an alternative format, call 716-858-8900 or email access@buffalolib.org

The ADA Coordinator or designee will respond within 15 days of receipt of this complaint, in writing or in an alternative format accessible to the complainant.

Person submitting complaint

Name:

Address:

City: State: Zip Code:

Phone:

Email:

Authorized Representative for person submitting complaint, if applicable Name:

Address:

City: State: Zip Code:

Phone:

Email:

Basis of complaint: Answer all that apply

Date the incident took place: ____/____/____ Time of incident:

Complaint involves: () Structural Accessibility () Programs, Services or Activities
() Other

Library building/location, if applicable, that you believe does not meet ADA requirements:

Name(s) of staff member(s) involved if you have them:

Describe the situation that you believe does not meet ADA requirements:

You may attach supporting documents, photographs or other documentation to this request.

Complainant's Signature:

Date: ____/____/____

Received by ADA Coordinator: ____/____/____

ADA Coordinator signature:
