

## MAYOR'S OFFICE OF RESILIENCE AND EQUITY

## Americans with Disabilities Act (ADA) Complaint Form

Title II of the ADA requires local municipalities to make all programs and services accessible to persons with disabilities. These requirements extend not only to physical access at City of Tulsa facilities, programs and events, but also to policy changes that governmental entities must make to ensure that all people with disabilities can take part in and benefit from the programs and services of the City of Tulsa.

Complainant Inform	ation:				
Name		A	Address		
City		_State	Zip Code		Phone Number
E-Mail					
Location of the violat					
Name of Business					Phone Number
Address	City		State	Zip Code	
Date of violation:					
additional pages, if n					



Has this	complaint b	een filed with the Department of Justice (DO	J) or any other Federal, State or local civil rights agency or	
court?	Yes or	No (if yes, complete info below)		
Agency	or Court:			
State:				
Zip Code	e:			
Telephor	ne:			
Y <u>ou may</u>	y provide ac	lditional information that may be relevant to	o your complaint.	
		enalty of perjury that the foregoing infore best of my knowledge and belief.	rmation contained in this complaint is true	
	Signature		Date	

Please mail or drop off form to:

City of Tulsa - City Clerk's Office 175 E. 2nd St., Suite 260, Tulsa, OK 74103-3223