

**DISABILITY RIGHTS & SERVICES
COMPLAINT REGISTRATION FORM**

Belleville General Ordinance Chapter 6:2-6-1 prohibits a person with a disability from being denied either full access or full participation in 1) a service offered by a Village of Belleville department or 2) a service subsidized by the Village. An individual may file a complaint if a denial to a program, service or activity has occurred and if that denial is based solely upon the individual having a disability. This ordinance does not cover alleged discrimination based on a disability occurring during the course of one's employment with the Village of Belleville.

Please fill out this form completely, in black ink or type. Sign and return it to the address below.

Complainant's Name: _____

Address: _____

City, State and Zip Code: _____

Telephone: (Home) _____ (Other) _____

E-Mail Address: *(Optional)* _____

Person Discriminated Against: _____

(If other than the complainant)

Address: _____

City, State and Zip Code: _____

Telephone: (Home) _____ (Other) _____

E-Mail Address: *(Optional)* _____

Please name the department, the person or people you believe have discriminated:

Name(s): _____

Please name any witnesses:

Name: _____

Address or phone: _____

Name: _____

Address or phone: _____

Complaint Basis: (Check all that apply)

Physical Accessibility / Accommodation for a Disability

Program or Service Accessibility / Modification for a Disability

New Hire Accessibility Practices

Describe your concern. Please include dates, times, places, names of individuals involved for each incident reported. (Attach additional pages if necessary.)

What is your preferred form of communication? _____

Complainant Signature: _____ **Date:** _____

Return this form to:

ADA Coordinator, Village of Belleville
24 W. Main St.
P.O. Box 79
Belleville, WI 53508

Questions:

Phone: 608-424-3341
Fax: 608-424-3423
E-Mail: info@villageofbelleville.com

OFFICE USE ONLY – Please attach any correspondence and response

Date Received / Via:	
Sent to / Via:	
Date Responded / Via:	
Response By:	
Ordinance/Policy Ref:	
Action or Recommendation:	