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): __________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

K:\Forms\Disability Accessibility Complaint Form.doc
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: |