



CITY OF LENEXA
ADA COMPLAINT FORM
FOR DENIAL OF REASONABLE ACCOMMODATION

This form is provided in accordance with the Americans with Disabilities Act (ADA) and City of Lenexa Administrative Policy AD08-E and is to be completed by or on behalf of a person who has been DENIED by the City ADA Coordinator a reasonable accommodation due to a qualifying disability.

Complete this form in its entirety, as it constitutes your formal complaint against the City of Lenexa.

TO: CITY OF LENEXA, KANSAS

YOU ARE HEREBY NOTIFIED of the following complaint made by the undersigned as a result of a denial of or dissatisfaction with a reasonable accommodation.

COMPLAINANT NAME: _____

Address: _____

Phone: _____ Email: _____

Name & Contact information of person completing the form (if different): _____

Please describe the denial by the City of a reasonable accommodation, or your dissatisfaction with the offered accommodation(s), including but not limited to location, date of denial or dissatisfaction, persons involved, etc.

If accommodations were offered by the City, please describe why they would not be feasible in your case:

(attach additional pages or documentation, if necessary)

Date: _____ Signature: _____

Complainant or Authorized Representative

Return completed form to:

ADA Coordinator/Assistant to the City Manager
17101 W. 87th Street Parkway
Lenexa, KS 66219
Phone: (913) 477-7550 Fax: (913) 477-7639
Email: mnolan@lenexa.com