



Office of the Assistant City Manager
120 North 6th Street
Independence, KS 67301

Accessibility Complaint Form

Contact Information:

Full Name: _____

Email Address: _____ Phone: _____

Full Address: _____

City: _____ State: _____ Zip: _____

Preferred method of communication:

- ☐ Email
- ☐ Phone
- ☐ Mail
- ☐ In Person

Problem Information:

Please tell us the date of the violation: _____

Location Type:

- ☐ City Office, Program or Activity
- ☐ City Building
- ☐ City Owned Park or Recreation Center
- ☐ City Sponsored Event

Please describe the specific location of the incident:

Please describe your experience and provide any details that will assist the City of Independence Director of ADA compliance with addressing your concern.



Office of the Assistant City Manager
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Independence, KS 67301

Signature

Date

Please submit this form to:

- **City of Independence, Accessibility Complaint, 120 N. 6th Street, Independence, Ks. 67301**
- **Email Submission: davidc@independenceks.gov**
- **Fax: 620.332.2528**
- **Phone: 620.332.2528**