



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:

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

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“Delivering Excellence”

Office of the Assistant City Manager

120 North 6th Street

Independence, KS 67301

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Signature

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Date

**Please submit this form to:**

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