

Title II of the Americans with Disabilities Act

Discrimination Complaint Form

Instructions: Please fill out this form completely. Sign and return to the address on page 2.

Complainant:

Address:

City, State and Zip Code:

Telephone: Home:

Mobile:

Business:

Person Discriminated Against: _____
(if other than the complainant)

Address:

City, State and Zip Code:

Telephone: Home:

Mobile:

Business:

When did the discrimination occur? (date and approximate time)

Where did the discrimination occur?

Describe the act(s) of discrimination (attach additional pages if necessary):

Have any additional efforts been made by you regarding this complaint? Yes _____ No _____

If yes, what?

Signature: _____

Date: _____

**Please return this completed form to: Dennis Burnside, ADA
Coordinator Lexington City Hall, 406 E 7th Street, PO Box 70,
Lexington, Nebraska 68850 (308) 324-2341, dburnside@cityoflex.com**

Effective as of 8/1/23