

OMAHA HUMAN RIGHTS AND RELATIONS DEPARTMENT
ADA Complaint Intake Form

How did you find out about the Human Rights and Relations Department?

- Phone Book Website Relative Flyer T.V. Friend
 Other _____

Type of Alleged Violation:

- Sidewalk/Curb Disability Parking
 City Facilities (Specify) _____
 City Programs (Specify) _____
 City Services (Specify) _____

Did the alleged violation occur within the Omaha city limits? Yes No

INFORMATION REGARDING COMPLAINANT:

Name _____ Work Phone # _____
Street Address _____ Home Phone # _____
City _____ State _____ Zip Code _____
Email Address _____

INFORMATION REGARDING ALLEGED VIOLATION:

Date on which the alleged violation occurred: (MM/DD/YYYY) _____

Name of place where alleged violation occurred: _____

Location of alleged violation: _____

Describe the alleged violation (what happened): _____

Have efforts been made to resolve this complaint through any other means? Yes No

If yes, what is the status of the complaint: _____

Has the complaint been filed with any other agency? (Federal, State, Court) Yes No

If yes, Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Contact Person: _____

Date filed: _____