

ADA Complaint Form

Full Name:	
Street Address:	
City:	State & Zip Code
Phone:	Email:
Name of party discriminated against (If Known) & different than above:	
Name of city department you believe has committed the discrimination:	
Provide a brief description of the acts of discrimination, the dates they occurred and the names of individuals involved:	
Other information you believe necessary to support your complaint, including copies (not originals) of relevant documents:	
Information about how to communicate with you effectively:	

Please return completed forms to:

Karee Miller, HR Director / ADA Coordinator

387 NE Third Street

Prineville, Oregon 97754

541.447.5627

kmiller@cityofprineville.com

If you are unable to write because of your disability and are unable to submit a complaint online, by mail, email or facsimile, the ADA Coordinator, Karee Miller 541.447.5627 can assist you by scribing your complaint by phone or making other arrangements.

What Happens After My Complaint Is Received?

After the complaint is received and reviewed, we will inform you of our action, which may include the following:

- Contacting you for additional information or copies of relevant documents;
- Investigating your complaint;
- Seek possible methods for resolution and timeline;