

Appendix B - ADA Formal Written Complaint Form

**Gulf Bend Center, ADA Coordinator
Attn: Julia Galvan or Martha Resendez
6502 Nursery Drive, Ste 100
Victoria, Texas 77904
(361) 582-2317 or (361) 582-2349 office
(361) 575-0626 fax**

Please print legibly.

Reporting Individual: _____ Date of Request: _____

Address: _____ City _____

State _____ Zip _____ Telephone Number _____

Other Contact Information: _____

If person needing accommodation is not the individual completing this form, please complete below:

Name: _____ Telephone Number: _____

Other Contact Information: _____

Program/Facility to be Inaccessible: _____

When did the situation occur (date)? _____

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation, and any documentation or photographs supporting the incident:

Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator?
Yes or No

If yes, what were the results? _____

How do you suggest this issue be remedied? _____

Signature: _____ Date: _____

ADA Coordinator/Representative: _____ Date: _____