

**City of Jacksonville**

**AMERICANS WITH DISABILITIES (ADA) COMPLAINT FORM**

INSTRUCTIONS: If you would like to submit an Americans with Disabilities (ADA) Complaint to the City of Jacksonville, please complete the form below and return to the City’s ADA Coordinator Carmen K. Miracle, City Clerk, C/O City of Jacksonville, PO Box 128, Jacksonville, NC. 28541

For questions, please contact the City of Jacksonville at (910) 938-5224 or

Email to: [cmiracle@jacksonvillenc.gov](mailto:cmiracle@jacksonvillenc.gov)

1. Name (Complainant): \_\_\_\_\_

2. Phone: \_\_\_\_\_

3. Home Address (Street #, City, State, Zip Code): \_\_\_\_\_

\_\_\_\_\_

4. If applicable, the name of the person(s) who you believe discriminated against you: \_\_

\_\_\_\_\_

\_\_\_\_\_

5. Date of the Incident: \_\_\_\_\_

6. Discrimination based on:

\_\_\_\_\_ Disability

7. Briefly explain what happened and how you feel you were discriminated against.

Please include how you feel that others were treated differently than you. \_\_\_\_\_

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8. Why do you believe these events occurred? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is there any other information that you feel may be relevant to this investigation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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10. How can these issues be resolved to your satisfaction? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Please list any person(s) who we can contact for additional information or to support/clarify your complaint:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

12. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? (Circle One)                      Yes                      No

If yes, circle all that apply:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

If filed at an agency and/or court, please provide information on a contact person at that agency/court:

Name of Agency/Court: \_\_\_\_\_

Agency/Court Contact's Name: \_\_\_\_\_

Address of Agency/Court: \_\_\_\_\_

\_\_\_\_\_

Phone Number of Agency/Court: \_\_\_\_\_

Signature (Complainant): \_\_\_\_\_

Date of Filing: \_\_\_\_\_