

**CITY OF MEDFORD**  
**AMERICAN WITH DISABILITIES ACT (ADA)**  
**COMPLAINT FORM**

**Instructions:** Please complete this form in its entirety and return to:

City Hall  
Attn: City Clerk  
639 South Second Street  
Medford WI 54451

(or) Email:

[cityofmedford@medfordwi.gov](mailto:cityofmedford@medfordwi.gov)

If you have any questions regarding this form, please contact the City Clerk at 715-748-1181.

Name: \_\_\_\_\_

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

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

Location of Alleged Violation: \_\_\_\_\_

Date of Alleged Violation: \_\_\_\_\_

Accommodation Request for Response: \_\_\_\_\_

Description of Alleged Violation (use additional sheets if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Date Received: \_\_\_\_\_ Date of Response: \_\_\_\_\_ Department: \_\_\_\_\_