
Section 1: Personal Information

- Full Name: _____
- Address: _____
- Phone Number: _____
- Email Address: _____
- Preferred Contact Method: Phone Email Mail
- Date of Report: _____

Section 2: Incident Information

- Date of Incident: _____
- Location of Incident: _____
(e.g., Building Name, Address, Public Facility, etc.)
- Type of Facility:
 - Workplace
 - Public Service
 - Educational Institution
 - Transportation
 - Other (Please specify): _____

Section 3: Description of the Issue

Please provide a detailed description of the incident or barrier to accessibility that you encountered. Be as specific as possible, including any dates, times, or interactions related to the issue.

- _____
- _____
- _____

Section 4: ADA Violation

Please indicate the type of ADA violation or issue you are reporting.

(Check all that apply):

- Inaccessible physical space (e.g., no ramps, elevators, accessible restrooms)
- Denial of reasonable accommodations
- Discriminatory practices based on disability
- Lack of accessible communication (e.g., no ASL interpreter, Braille, etc.)
- Other (Please specify): _____

Section 5: Action Requested

Please describe any specific action or accommodation you are requesting to resolve the issue.

- _____
- _____

Section 6: Supporting Documentation

Please attach any supporting documentation, such as photographs, medical documentation, or any communication relevant to the incident.

- Documentation Attached: Yes No

Section 7: Consent and Authorization

I hereby authorize the [Company/Institution/Agency] to investigate this report and take appropriate action based on the information provided. I consent to allow the necessary personnel, including external authorities, to review this report if needed.

- Signature: _____
- Date: _____

Section 8: For Internal Use Only

- Date Received: _____
- Reviewed By: _____
- Actions Taken: _____
- Resolution/Outcome: Approved Denied
- Notes: _____