



# Wyoming Independent Living

305 West 1st Street Casper, Wyoming 82601  
Phone: (800) 735-8322 / (307) 266-6956 Fax: (307) 266-6957

## ADA Complaint Form

The American's with Disabilities Act (ADA) prohibits discrimination on the basis of disability in State and local government, public accommodations, commercial facilities, transportation, and telecommunications.

This form may be used to file a complaint with Wyoming Independent Living for alleged violations of ADA. If you need assistance completing this form or if needed in a different language, please contact us by phone at 307-314-2074.

All information contained in this form remains confidential.

<b>Section 1: Contact information</b> <i>Please provide your name and contact information</i>	
Name:	
Address:	
City:	
State:	Zip:
County	
Home Phone:	Cell Phone:
Email Address:	
Do you require an accessible format?	Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TTY/TDD <input type="checkbox"/> Other <input type="checkbox"/>

<b>Section II:</b>	
Are you filing this complaint on your own behalf? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If you answered "yes" to this section, go to Section III.	
If not, please supply the name and relationship of the person for whom you are filing:	
Have you obtained permission from this person? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Section III:**

If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Name(s) of Employee(s) involved: \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you were discriminated against. Please also include the date of incident if different from date complaint is being filed. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information. If more space is needed, please use additional paper.

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Please also complete page 3 of this form

<b>Section IV:</b>	
Have you previously filed an ADA complaint with Wyoming Independent Living? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact Name:	Phone number:

<b>Section V:</b>	
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, list agency/agencies and contact information below.	
Agency:	Contact Name:
Address:	Phone:
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Agency:	Contact Name:
Address:	Phone:

**You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:**

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**Complainant Signature** **Date**

**If you need assistance completing this form, contact:**

**Amy Burns, Executive Director**  
**1050 North 3<sup>rd</sup> Street, Suite B1,**  
**Laramie, WY 82072**  
**307-314-2074**  
**Email: [aburns@wilr.org](mailto:aburns@wilr.org)**

**OFFICE USE ONLY**

DATE RECEIVED:	RECEIVED BY:
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