



City of Chandler, Arizona  
chandleraz.gov

## ADA Request for Solution Form

**Instructions: Please complete and sign the form, and submit it within 60 calendar days of the incident or decision to which this Request for Solution relates:**

### ADA Coordinator

*Mailing address:*

Mail Stop 412, PO Box 4008  
Chandler, AZ 85244-4008

*Physical address:*

175 S. Arizona Avenue, 4<sup>th</sup> Floor  
Chandler, AZ 85225

### 1. Type of Requested Solution (check all that apply):

- Accommodation Request (modification and/or auxiliary aids and services)
- Program/Service Accessibility
- Facility Accessibility
- Other: \_\_\_\_\_

## CONTACT INFORMATION

### 2. Person Requesting Solution:

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

### 3. Authorized Representative of Person Requesting Solution (if any):

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

**DETAILS OF COMPLAINT / INCIDENT**

4. Date/Time of Incident: \_\_\_\_\_

5. Department/Facility/Location Involved:

6. Describe the incident/complaint with enough detail so the nature of the matter can be understood. Add additional pages if necessary:

7. Have attempts been made to resolve the complaint through a City Department? If yes, please describe the efforts that have been made.

8. Solution Sought. What action do you want taken?

Signature

Date

Attach additional pages as necessary.

If you need assistance, require this form in a more accessible format, or have questions about the form, please contact ADA Coordinator, Jason Crampton at [ada.coordinator@chandleraz.gov](mailto:ada.coordinator@chandleraz.gov) or 480-782-3402 or 711 via AZ Relay Service (AZRS).