



City of Chandler, Arizona
chandleraz.gov

ADA Request for Solution Form

Instructions: Please complete and sign the form, and submit it within 180 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, 4th 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 or 480-782-3402 or 711 via AZ Relay Service (AZRS).