

Tempe Americans with Disabilities Act (ADA) Complaint Procedure

If you or someone you know with a disability, access or function need has a complaint, concern or problem accessing Tempe's programs, services, communications, activities, events, facilities, vendors, or businesses, **we want to know about it!**

The complaint is required in writing so we can follow-up accurately. Please use the attached form and include the following information:

- Name
- Address
- Phone number
- Email address

...as well as information about the alleged discrimination, including the:

- Location
- Date
- Contact information
- Description of the problem
- What you may have done to address the situation

If you can, please send us pictures, if applicable, at the email address as well.

Alternative means of filing a complaint, such as a personal interview will be accepted. Accommodations or alternate formats will be provided upon request during this process.

The complaint is to be submitted as soon as possible, but no later than 180 calendar days after the alleged violation to:

Monique Perry, MBA
ADA Accessibility Coordinator/ ACTCP Certified
Office of Diversity, Equity and Inclusion
31 East Fifth St.,
Tempe, AZ 85281
monique_perry@tempe.gov
(480) 350-2704 Direct line
(480) 350-2907 Fax

A review of the complaint will be conducted within 15 calendar days with the complainant. If accessibility accommodations, such as large print, Braille, ASL interpreter or other accommodations are required, please let us know immediately.

When a decision is made regarding the complaint, a response will be provided in writing. The review process shall not exceed 120 calendar days from the complaint date. The complainant may appeal the decision to the City Manager or his designee within 30 working days.

All written complaints received by the ADA Compliance Specialist, including appeals to the City Manager or his designee, and responses from these two offices will be retained by the City of Tempe per the appropriate records retention schedule.

ADA Complaint Form

Today's Date: _____

Your Information:

Name: _____

Address: _____

City: _____

Zip Code: _____

Phone: _____

Email: _____

Preferred Contact: _____

Designee Information: (If appropriate)

Name: _____

Address: _____

City: _____

Zip Code: _____

Phone: _____

Email: _____

Preferred Contact: _____

Details of Complaint

Date of incident: (Must be filed within 90 days of incident) _____

Location or address of incident: _____

City Department/Employee you spoke with: _____

Complaint: (Provide brief summary of the ADA complaint. Please include names of individuals involved and as much detail as possible).

If you have questions or wish to discuss your complaint before submitting the form, please contact us.

Respectfully,

Monique Perry, ADA Accessibility Coordinator
City of Tempe Diversity Equity & Inclusion Office/ 31 East Fifth Street, 2nd Floor/ Tempe, AZ 85281

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