

City of Meridian
2412 7th Street, Meridian MS 39301

Americans with Disabilities Act Complaint/Assistance Form

This form may be used by non-city employees to file a complaint with the City of Meridian ADA Coordinator based on violations of Title II of the Americans with Disability Act and Section 504 of the Rehabilitation Act of 1973. You are not required to use this form, a letter that provides the same information may be submitted to file your complaint.

Name: _____ **Date:** _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone: _____

Individual(s) discriminated against, if different than above (use additional pages if needed).

Name: _____ **Date:** _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone: _____

Please explain your relationship with the individual(s) indicated above:

Name of City of Meridian Department or program that discriminated:

Name(s) of individual(s) and/or position title (if known) that discriminated:

Date(s) of alleged discrimination: _____

Date of discrimination began: _____

Last or most recent date of discrimination: _____

Mail or Hand Deliver your completed form to:

**City of Meridian
ADA Coordinator/EEO
2412 7th Street
Meridian, MS 39301**