



Americans with Disabilities Act (ADA) Title II Complaint Form

REQUESTOR NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
DAY PHONE:	EVENING PHONE:	E-MAIL ADDRESS:

Basis of Request:

Date the incident took place:			
<input type="checkbox"/> Structural Accessibility	<input type="checkbox"/> Parking	<input type="checkbox"/> Programs, Services and Activities	<input type="checkbox"/> Other _____

Branch in which you request accommodation:

Aberdeen	Ilwaco	Oakville	South Bend
Amanda Park	Lacey	Olympia	Shelton
Centralia	McCleary	Ocean Park	Tenino
Chehalis	Montesano	Packwood	Tumwater
Elma	Mt. View	Raymond	Westport
Hoquiam	Naselle	Salkum	Winlock
Hoodsport	North Mason	Service Center	Yelm

Please describe the situation that you believe does not meet ADA requirements:

You may attach any written material, photographs or other documentation to this request. Use additional sheets if necessary.

Requestor's Signature: _____ **Date:** _____

Return completed form to:
 Timberland Regional Library
 Administrative Services
 415 Tumwater Blvd. SW
 Tumwater, WA 98501

FOR TRL USE ONLY:

Date/Time Received:	Received by: