

**CUMBERLAND COUNTY, NORTH CAROLINA  
AMERICANS WITH DISABILITIES ACT COMPLAINT FORM**

Date \_\_\_\_\_

CASE # \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please describe your concern or complaint and indicate the approximate time, date and location of the occurrence. (If additional space is needed, please attach extra sheets)

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What do you think would resolve the problem or complaint?

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**PRIVACY STATEMENT:** The respondent is authorized to receive a copy of my complaint.

I swear to affirm that I have read the above information and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT \_\_\_\_\_