



LAKE HAVASU CITY

CITIZEN'S ADA COMPLAINT FORM

Return completed form to the Community Investment Department

2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403 Phone: 928.453.4148 Website: www.lhcaz.gov

For faster processing, email completed form to: planningapplications@lhcaz.gov

To review ADA accommodation procedures see Lake Havasu City Code Section 2.64

CLICK HERE

DATE _____

(1) NAME, ADDRESS, AND CONTACT INFO

_____	PHONE	_____
_____	EMAIL	_____

(2) DESCRIBE THE ALLEGED DISCRIMINATION, INCLUDING LOCATION, DATE, AND DESCRIPTION:

(3) SUBMITTAL REQUIREMENTS

- a) Requests shall be made in writing, but are not required to be on this form.
- b) Alternative means of making requests, such as verbal or tape recorded requests, will be made available upon request.
- c) Complaints shall be submitted as soon as possible, but no later than 60 days after the alleged violation.

(4) FORM PROCESSING TIMEFRAME

- a) Staff conducts investigation into each complaint received.
- c) Staff prepares written response explaining the findings of the investigation and what actions will or will not be taken as a result (30 days from date of receipt of complaint).

(5) CONTACT THE COMMUNITY INVESTMENT DIRECTOR FOR FURTHER INFORMATION

Greg Froslied, Director, 928.854.0776 email froslied@lhcaz.gov
Diane Libby, Management Specialist, 928.854.0779 email libbyd@lhcaz.gov

(6) CLARIFICATION

A person may request the City to clarify its interpretation or application of a statute, ordinance, code, or policy affecting the procurement of this license in accordance with ARIZ. REV. STAT. § 9-839.

(7) CERTIFICATION/ACKNOWLEDGEMENT

- a) I hereby file the above complaint as an authorized applicant.
- b) To the best of my knowledge, the information provided herein is accurate and true.
- c) I am aware of the steps and timeframes involved in the processing of this form.

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To submit this application electronically, Lake Havasu City requires that you certify your application by submitting an electronic signature. Please type your name in the field below and click the confirm signature check box.

SIGNATURE _____

DATE _____

CONFIRM SIGNATURE

CITY USE ONLY BELOW THIS LINE

COMPLAINT RECEIVED BY _____

DATE _____