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: 

Structural Accessibility 
Parking 
Programs, Services and Activities 
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: 