Americans with Disabilities Act (ADA)
Complaint Form

**Requestor Information:**

<table>
<thead>
<tr>
<th>REQUESTOR:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS:</th>
<th></th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>CITY:</th>
<th>STATE:</th>
<th>ZIP CODE:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DAY PHONE:</th>
<th>EVENING PHONE:</th>
<th>E-MAIL ADDRESS:</th>
</tr>
</thead>
</table>

**Basis of Request:**

Date the incident took place:

<table>
<thead>
<tr>
<th>Structural Accessibility</th>
<th>Parking</th>
<th>Programs, Services and Activities</th>
<th>Other</th>
</tr>
</thead>
</table>

**Library building at which you request accommodation:**

Aberdeen  Iwaco  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: