

**CITY OF LENEXA  
ADA COMPLAINT FORM  
FOR DENIAL OF REASONABLE ACCOMMODATION**

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**This form is provided in accordance with the Americans with Disabilities Act (ADA) and City of Lenexa Administrative Policy AD08-E and is to be completed by or on behalf of a person who has been DENIED by the City ADA Coordinator a reasonable accommodation due to a qualifying disability.**

**Complete this form in its entirety, as it constitutes your formal complaint against the City of Lenexa.**

**TO: CITY OF LENEXA, KANSAS**

**YOU ARE HEREBY NOTIFIED** of the following complaint made by the undersigned as a result of a denial of or dissatisfaction with a reasonable accommodation.

COMPLAINANT NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Contact information of person completing the form (if different): \_\_\_\_\_

Please describe the denial by the City of a reasonable accommodation, or your dissatisfaction with the offered accommodation(s), including but not limited to location, date of denial or dissatisfaction, persons involved, etc.

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If accommodations were offered by the City, please describe why they would not be feasible in your case:

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*(attach additional pages or documentation, if necessary)*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Complainant or Authorized Representative

Return completed form to:

ADA Coordinator/Assistant to the City Administrator  
12350 W. 87<sup>th</sup> Street Parkway  
Lenexa, KS 66215  
Phone: (913) 477-7550 Fax: (913) 477-7639  
Email: ddulin@lenexa.com