City of La Porte, Indiana

ADA Complaint Form

ADA Coordinator
David Heinold, AICP ADAC
dheinold@cityoflaportein.gov
adacoordinator@cityoflaportein.gov
www.cityoflaporte.com

La Porte City Hall
801 Michigan Ave.
La Porte, IN 46350

For Office Use Only

File Date: _____ *File #:* _____

Review Date: _____

Decision: _____

Complainant Information

Name	
Street Address	Phone
City, State, Zip	Email
Primary Contact regarding this application	
Applicant is (check one): ☐ Property Owner ☐ Tenant ☐ Other _____	

Person Preparing Complaint (if different from complainant)

Relationship to Complainant:	
Name:	
Street Address	Phone
City, State, Zip	Email

Please provide a complete description of the specific complaint:

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Please specify any location(s) related to the complaint (if applicable):

Please state what you think should be done to resolve the complaint:

Please attach additional pages as needed.

Signature: _____

Date: _____

Please return to: ADA Coordinator, 801 Michigan Avenue, La Porte, IN 46350 or
Email adacoordinator@cityoflaportein.gov or via fax (219) 362-1325

Upon request, reasonable accommodation will be provided in completing this form or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at 801 Michigan Ave., La Porte, IN 46350 or Email adacoordinator@cityoflaportein.gov or Phone (219) 362-2327.

Resolution:

Progress: