



**AMERICANS WITH DISABILITIES ACT (ADA)
ACCESSIBILITY COMPLAINT FORM**
*for SEDGWICK COUNTY-OWNED FACILITIES
and/or County-Operated Services & Programs*

Email Completed Form to kyelene.flaming@sedgwick.gov

or mail to:

**Sedgwick County – Division of Human Resources
attn.: Kyelene Flaming – FMLA/ADA Specialist
510 N. Main, Suite 304 • Wichita, KS 67203**

Under Title II of the Americans with Disabilities Act (ADA), Sedgwick County is required to make its County-owned facilities/buildings as well as services and programs offered by Sedgwick County accessible to people with disabilities in compliance with the ADA. If you believe that you have not been able to access a building or facility owned by Sedgwick County or a County-based service/program due to an accessibility issue, or if you have been discriminated against because of your disability, please complete and submit this form. You will be contacted by a representative of Sedgwick County within 15 business days of receipt to discuss your complaint.

To file a complaint for a business and/or service located within Sedgwick County, but not operated by Sedgwick County, please contact the Department of Justice at 1-800-514-0301 or visit <https://www.ada.gov/file-a-complaint/> to submit a complaint online.

AMERICANS WITH DISABILITIES ACT ACCESSIBILITY COMPLAINT
for a SEDGWICK COUNTY-OWNED FACILITY OR BUILDING, PROGRAM OR SERVICE:
All information will be kept confidential unless you authorize full disclosure.

Printed Name: _____ Date: _____
First Middle Last

Mailing Address: _____
Street City State Zip

Home: _____ Work: _____ Cell: _____

Email Address _____

Please check which of the issue(s) you have experienced difficulty in accessing and fill in the blank with the specific...

- Service or program offered by Sedgwick County _____
- Sedgwick County-Owned Building/Property _____
- Discrimination based upon disability _____

In order for Sedgwick County to investigate your request, please be specific and provide as much information as possible (i.e. location, date, time, names of Sedgwick County employee(s) spoken with, etc.). Attach additional information and/or documentation as needed.

By checking this box, I am granting Sedgwick County's ADA Specialist to discuss my accessibility issue with the department/division necessary for resolution.

Signature _____ Date _____

TO BE COMPLETED BY ADA SPECIALIST

Signature _____ Date Received _____