

City of Berea ADA Complaint Form

The City of Berea is committed to meeting the requirements of the Americans with Disabilities Act, and improving the accessibility throughout the City. By completing this form you will help us identify areas that need our attention.

Date _____ **Location:** _____

Complainant's Name _____ **Phone#** _____

Summary of Complaint:

FOR OFFICE USE ONLY BELOW LINE

Comments of Site Inspection:

Action Required for Compliance:

Re-Inspection Date

Re-Inspection Comments