

BELGRADE COMMUNITY LIBRARY

106 N BROADWAY
BELGRADE, MT 59714
388-4346

www.belgradelibrary.org

AMERICANS WITH DISABILITIES ACT

SERVICE DELIVERY DISCRIMINATION COMPLAINT FORM

(Please Print. You may use separate sheets of paper if you need more space)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE (INCLUDE AREA CODE): _____

Name of Department and/or employee against whom the complaint is filed:

Description of the action or treatment which you think was discriminatory. Includes information about who, what, when, where, how, why and the names, addresses and phone numbers of any witnesses, if you know them.

Description of the relief or satisfaction you want:

Signature _____ Date _____

You may call the Library Director if you would like help in filling out this form 406-388-4346
Please return the completed form to the Belgrade Community Library Director