

ARCHITECTURAL ACCESSIBILITY COMPLAINT FORM

Office of the Kansas Attorney General
120 S.W. 10th
Topeka, KS 66612-1597

1. Date: _____

2. Name of Complainant: _____

3. Address of Complainant: _____

City, State, and Zip Code: _____

4. Name of Facility* that you contend does not comply with Title II or III of the Americans with Disability Act: _____

5. Facility Address: _____ City: _____

6. Check if the facility is: (1) ___ a school district facility; (2) ___ a state government facility; (3) ___ a local government facility; (4) ___ a privately-owned facility open to the public (restaurant, hotel, theatre, retail store); or ___ (5) a privately owned commercial facility (office building, factory, etc.)

[The State cannot enforce accessibility standards in privately funded facilities built before 1992 that have never been remodeled or altered since 1992.]

7. Was the facility built or last renovated before 1992? ___yes ___no ___don't know.

8. State why you believe that the facility does not comply with Title II or III of the Americans with Disabilities Act of 1990.

Mail this form to the Attorney General's office at the address at the top of the page.

* "Facility" is defined as "all or any portion of buildings, structures, sites, complexes, equipment, rolling stock or other conveyances, roads, walks, passageways, parking lots or other real or personal property, including the site where the building, property, structure or equipment is located."

