

**ADA COMPLIANCE DIVISION
CITY OF WICHITA**

Title II of the Americans with Disabilities Act &
Section 504 of the Rehabilitation Act of 1973

Intake Form

Instructions: Please fill out this form completely, using black ink or typing. Sign it and send it to the address at the bottom of the last page.

Reporting Individual: _____

Address: _____

City, State, and ZIP Code: _____

Contact Phone Number: _____

Person Allegedly Discriminated Against (if other than reporting individual):

Address: _____

City, State, and ZIP Code: _____

Contact Phone Number: _____

Program or Facility Alleged to Be Inaccessible: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

When did the alleged discrimination occur? (Date): _____

Describe the acts of alleged discrimination, or way in which the program or facility is not accessible, providing the name(s) where possible of the individuals who allegedly discriminated.

What were the requests for accommodations or programs, and what was the response?

Signature _____

Date: _____

**Send to:
ADA Compliance Division
City Manager's Office
City Hall 13th Floor 455 N. Main
Wichita, Kansas 67202**