

**ADA COMPLIANCE REPORT
DICKINSON COUNTY, KANSAS**

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 contact at the bottom of the last page by the method best suited to the sender.

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:
Dickinson County Administrator
109 East First Street, Suite 208
Abilene, KS 67410
Fax: 785-263-2081
Email: jdockendorf@dkcoks.gov