



**ADA, TITLE II, PUBLIC ACCESS TO PROGRAMS AND SERVICES  
COMPLAINT FORM –TOWN OF SMITHFIELD, NORTH CAROLINA**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print – First Name & Last Name)

Address: \_\_\_\_\_  
\_\_\_\_\_ Phone (Voice or TDD)  
Home: (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_

Designated Person to Contact if I cannot be reached:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_



Facility Location or Town Department of Problem: \_\_\_\_\_

Date you experienced problem: \_\_\_\_\_ Nature of Your Disability: \_\_\_\_\_

Please describe how the Town of Smithfield has not complied with ADA. Provide sufficient detail to make your complaint clear. (Use page 2 for additional space)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What actions or specific relief do you request the Town take to correct the alleged ADA noncompliance or discrimination? (Use page 2 for additional space)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Form received by: \_\_\_\_\_ on (Date) \_\_\_\_\_  
(Please print both First and Last Name)

**Return Complaint To:**  
**Town of Smithfield**  
**Tim Kerigan - ADA Coordinator**  
**Post Office Box 761**  
**350 E. Market Street**  
**Smithfield, North Carolina 27577**  
**(919) 934-2116, ext 1109 Phone**  
**(919) 989-8937 Fax**

