

7120 Oakland Mills Road, Columbia, Maryland 21046

Phone: 410-313-4640 Fax: 410-313-1699 www.howardcountymd.gov/rap Tdd: 410-313-2323

Complainant Name:Address:	
Telephone: E-Mail:	
ALLEGED VIOLATIONS  Date of Violation:	Time of Violation: am/pm
occurred. Please be specific and provide details. Pinvolved. (Attach additional pages if necessary.)	e. park name/location, in which the alleged ADA violation rovide names, if appropriate, of individuals that were
REQUESTED ACTION Please describe the action(s) you would like taken	to correct the alleged ADA violation. Please be specific.
Will you need accommodations in order to meet w Services Manager? (Circle) YES NO If yes, please describe the accommodations neede	vith the Therapeutic Recreation and Accommodation
Signature of Complainant/Representative	Date