

The Americans with Disability Act ("ADA") Complaint Form

**YORK COUNTY NATURAL GAS AUTHORITY  
REASONABLE ACCOMODATION / COMPLAINT/ COMMENT FORM**

York County Natural Gas Authority ("YCNGA") is committed to assuring accessibility, with reasonable accommodation, of YCNGA services, facilities, employment and programs for all individuals, in compliance with federal law.

(If necessary, assistance will be provided to complete this form.)

PLEASE PRINT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Statement: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Please return form to:

\_\_\_\_\_

For ADA Compliance Use Only:

Action Taken: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name of YCNGA Official and Title: \_\_\_\_\_

## The Americans with Disabilities Act (“ADA”)

### ADA COMPLAINT INFORMATION

York County Natural Gas Authority (“YCNGA”) endeavors to achieve a prompt and equitable resolution to any legitimate ADA-related concern or complaint. Within 15 calendar days after receipt of the complaint, the ADA Coordinator or their designee will offer to meet with the complainant to discuss the complaint and the possible resolution. Within 15 calendar days of any meeting, the ADA Coordinator or their designee will respond in writing or in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of YCNGA and offer options for substantive resolution of the complaint.

A summary of ADA-related complaints will be maintained for five (5) years.