

**Bernard P. Carvalho, Jr.**  
Mayor



**Nadine K. Nakamura**  
Managing Director

**OFFICE OF THE MAYOR**  
**County of Kaua'i, State of Hawai'i**  
4444 Rice Street, Suite 235, Lihu'e, Hawai'i 96766  
TEL (808) 241-4900 FAX (808) 241-6877

**Americans With Disabilities Act (ADA)**

**Complaint Form**

The ADA-Title I prohibits the County from discriminating against a qualified individual with a disability in employment, including the selection, testing and hiring process.

The ADA-Title II covers all activities, services, and programs of the County. ADA-Title II also prohibits the County from discriminating against qualified individuals in transportation services offered to the general public.

\* \* \* \* \*

Today's date is: \_\_\_\_\_

A. Please describe what happened.

B. Do you believe the alleged discrimination was based on your disability?

C. When did the alleged discrimination occur?

D. How do you feel this matter could be resolved?

ADA Complaint Form

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E. Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Submit complaint form to:

EEO/ADA Coordinator  
4444 Rice Street, Suite 235  
Līhu‘e, Hawai‘i 96766  
Ph: (808) 241-4924 (V/TRS) Fax: (808) 241-6877 Email: [mayorsada@kauai.gov](mailto:mayorsada@kauai.gov)

The Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in employment practices and policies or the provision of services, activities, programs, or benefits by the County of Kaua‘i.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and, description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

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The County ADA Coordinator’s office should respond to complainant within 15 calendar days after receiving the complaint.