

If a phone call is preferred, what is the best day and time to reach you?

SECTION V: DESIRED RESPONSE

Choose One: Email Response _____ Telephone Response _____ Response by Mail _____

Signature of Person Making Complaint

Date

Printed Name: _____

Complaints should be addressed to: City of Great Falls, P.O. Box 5021, Great Falls, MT 59403

PUBLIC FACILITIES – City of Great Falls, ATTN: PW ADA COORDINATOR, P.O. Box 5021, Great Falls, MT 59403; or, 1025 25th Avenue NE, Great Falls, MT 59404

CITY SERVICES – City of Great Falls, ATTN: ADA COMPLAINT COORDINATOR, CITY CLERK, P.O. Box 5021, Great Falls, MT 59403; or, 2 Park Drive South, Room 204, Great Falls, MT 59401.

CITY EMPLOYEES – City of Great Falls, ATTN: HUMAN RESOURCES DIRECTOR, P.O. Box 5021, Great Falls, MT 59403; or, 2 Park Drive South, Room 202, Great Falls, MT 59401

Telecommunications Device for the Deaf – TDD: (406) 454-0495. Dial 711 or 1-800-253-4091 to use the Montana Relay Service.

FOR CITY USE ONLY

Signature of Person Receiving Complaint

Date

Title: _____