

**TOWN OF HERNDON, VIRGINIA  
AMERICANS WITH DISABILITIES ACT  
ACTION REQUEST FORM**

Please complete this form and return it:

For Public: Parks & Recreation Director 814 Ferndale Ave Herndon, Virginia 20170 <a href="mailto:Bob.Williams@herndon-va.gov">Bob.Williams@herndon-va.gov</a>	For Employees or applicants: Human Resources Director 777 Lynn St Herndon, VA 20170 <a href="mailto:tanya.kendrick@herndon-va.gov">tanya.kendrick@herndon-va.gov</a>
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If you prefer a non-written format to submit request or a complaint, please call:

Public: (703) 787-7300	Employee or applicant: (703) 435-6817
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Check here if a request for accommodation. Public requests for accommodation must be received at least 10 business days before the date the accommodation is needed.

Check here to file a complaint of alleged discrimination in Town programs, facilities, employment or services. Complaint must be filed within 60 calendar days of alleged offense.

Name	
Name if representative, parent or guardian	
Address	
Telephone	
Email address	
Date of Incident (if applicable)	

**DESCRIPTION OF PROBLEM**

Please give a detailed description (including names/telephone numbers of any witnesses if reporting a problem).

**DESCRIBE YOUR ACCOMMODATION REQUEST**

*Please be as specific as possible*

Your name: \_\_\_\_\_

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

Your signature: \_\_\_\_\_

Received Parks and Recreation Director's or Human Resources Office on: \_\_\_\_\_