

ADA Complaint Form

Brushy Creek Municipal Utility District ("Brushy Creek") is committed to complying with all state and federal disability laws, such as the Americans with Disabilities Act, as amended ("ADA"). Brushy Creek does not permit retaliation against anyone for exercising rights protected by the ADA or other law protecting persons with a disability.

If you, or someone you are acting on behalf of, need a reasonable modification to accommodate a disability or an auxiliary aid or service to ensure effective communication, or have any other question or concern regarding access to Brushy Creek's services and programs for persons with disabilities, please complete and submit this form.

This form is available in alternate formats (large print, Braille, audio, or electronic format) upon request. Alternative means of filing requests will be made available if necessary. For more information, if you need help making your request, or if you wish to make your request orally, contact the District's ADA Coordinator:

Bradley Holsapple, Parks & Facilities Manager

Brushy Creek Municipal Utility District 16318 Great Oaks, Round Rock, TX 78681 ADA@bcmud.org 512-255-7871 x226

The ADA Complaint should be submitted as soon as possible but no later than 60 days after the incident giving rise to the complaint. If for any reason the complaint is not satisfactorily resolved within 30 days after submission of the complaint, the individual and/or designee may appeal to Brushy Creek's General Manager who can be reached at s.dalton@bcmud.org. The General Manager will issue a written decision within a reasonable timeframe.

Individuals with speech or hearing loss may call Relay Texas toll free 7-1-1. (More information available at www.relaytexas.com).

SECTION 1 – COMPLAINANT INFORMATION							
You may submit anonymously; however, doing so may limit our ability to investigate.							
Name:							
Address:							
Phone:							
Email:							
May we contact you directly?		Yes	No				
Preferred Method of Contact:		Phone		Email	Mail	Other	



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If this complaint is made on behalf of another person who does not wish to remain anonymous, please provide that person's:						
Name:						
Address:						
Phone:						
Email:						
What is your relationship (optional, no specific relationship is required to make a request on behalf of a person with a disability)? Parent Family Friend Friend Social Worker Attorney or Representative Other (describe)						
May we contact th	nis individual directly? Yes No					
Preferred Method	l of Contact: Phone Email Mail Other					
The individual on whose behalf this complaint is submitted authorizes Brushy Creek to communicate with the person submitting this form: Yes No						
SECTION 2 – REASON FOR COMPLAINT						
benefit at issue an in your description information, if kno	mplaint, including the identity of the service, activity, program, or ad the how a person with a disability was affected. Please also provide in specific dates, times, and places, as well as the names (and contact own) of any and all persons who may have witnessed or been involved of your complaint. (Attach additional information, if needed).					
Disability-related information will be kept confidential and shared only with staff who need the information to investigate or resolve this complaint.						
•	complaint regarding this situation with any other Federal, State, or					
local agency or co	urt? Yes No					



SECTION 3 – SUGGESTED RESOLUTION Describe your suggested outcome or resolution. Please be as specific as possible (e.g., accessible seating, materials in accessible format, ASL interpreter, etc.)