B.

Policy

Page 19

NOTICE OF MEETING REGULAR MEETING

1.	CALL TO ORDER	
2.	APPROVAL OF THE AGENDA	
3.	PUBLIC COMMENTS REGARDING ITEMS AGENDA	ON THE
4.	RECONSIDERATION	
5.	SYNOPSIS APPROVAL	
A.	April 14, 2016 meeting synopsis	Page 3
6.	VISITORS	
7.	PENDING BUSINESS	
A.	ADA Grievance Procedure and Grievance Fo	
B.	Self-Evaluation and Transition Plan Update	Page 5
8.	NEW BUSINESS	Page 15
A.	ADA Public Notice	Page 17

Special Events Permit and Special Event Compliance

9. INFORMATIONAL ITEMS

- A. Resolution 16-019, Establishing and ADA Compliance Committee to develop a transition plan and establish a grievance procedure to comply with ADA requirements

 Page 29
- B. 711 for Telecommunications Relay Service Page 33
- 10. COMMENTS OF THE AUDIENCE
- 11. COMMENTS OF CITY STAFF
- 12. COMMENTS OF THE COMMITTEE
- 13. ADJOURNMENT NEXT REGULAR MEETING IS SCHEDULED for June 9, 2016 in the City Hall Cowles Council Chambers located at 491 E. Pioneer Ave, Homer, Alaska.

- A. Chair Rick Malley opened the floor for nominating secretary. Tess Dally volunteered for the position and there was no objection from the committee.
- B. A meeting schedule was decided. We will meet the 2nd Thursday of every month. The next meeting will be May 12th.
- C. Grievance procedure,
 - a. Members discussed concerns regarding the procedure timeline.
 - b. Melissa stated that she would add a statement that the city intends to add the grievance as quickly as possible, in a timely manner, etc. .
 - c. Several Changes to the grievance procedure were suggested. We will review at the next scheduled meeting before it goes to the city council.
 - d. The format provided by Melissa was extremely helpful and met most the needs of our city. We will decide if we will need to look at an alternative format.
- D. The committee discussed the Northwest ADA Accessibility Check list. Councilmember Aderhold requested to see an employee/employer checklist as well.
- E. The assessment process
 - a. We may be able to develop several teams of volunteers to assess buildings using the checklists.
 - b. Ketchikan has been very successful in making buildings accessible as well as Project Civic Access in

ADA Compliance Committee Regular Meeting Synopsis April 14, 2016

Fairbanks. These two cities may provide helpful information for our transitional plan.

- c. What is our time line? We all agreed this is a great question. Councilmember Aderhold suggested this is a great time of year to address Parks and Trails. The Spit Trail cross walk was discussed as well as accessibility to parks.
- d. Chair Malley is meeting with Friends of the Parks. He informed the committee of new access at the White Fence Park on Maine Street.

F. Audience

Rita Campbell (The Mother of a child) stated that she is experiencing difficulty accessing the Library with her son. She stated that the automatic door does not work. She identified several events and businesses in the city of Homer that lack accessibility. She identified the danger of crossing the road at the Spit Trail and there is no cross walk. She also identified a lack of accessible dental care.

1	CITY OF HOMER HOMER, ALASKA
3	Aderhold
4	RESOLUTION 16-0xx
5	
6	A RESOLUTION OF THE HOMER CITY
7	COUNCIL ADOPTING AN AMERICANS
8	WITH DISABILITIES ACT GRIEVANCE
9	PROCEDURE.
10	MAILEDE AO 11 ' 11 ' 11 ' 11 ' 11 ' 11 ' 11 ' 1
11	WHEREAS, It is the responsibility of the City of
12	Homer to make reasonable accommodations in its
13	services, activities, programs or benefits so they are
14	accessible to people with disabilities; and
15	MUEDEAS In accordance with Title II of the
16	WHEREAS, In accordance with Title II of the
17	Americans with Disabilities Act (ADA) local governments with 50 or more employees are required to adopt and
18	publish procedures for resolving grievances arising under
19 20	Title II of the ADA; and
20	THE HOLLIC ADA, and
22	WHEREAS, Grievance procedures set out a system
23	for resolving complaints of disability discrimination in a
24	prompt and fair manner; and
25	
26	WHEREAS, The ADA Compliance Committee has
27	reviewed the grievance policy to ensure it includes-
28	How and where a complaint under Title II may be
29	filed with the City of Homer;
30	 A statement notifying potential complainants that
31	alternative means of filing will be available to
22	people who require such an alternative:

33	 A description of time frames and processes to be
34	followed by the complainant and government
35	entity;
36	 Information on how to appeal an adverse
37	decision;
38	 A statement of how long complaint files will be
39	retained.
40	
41	NOW, THEREFORE, BE IT RESOLVED that the
42	Homer City Council adopts the City of Homer ADA
43	Grievance Procedure.
44	
45	PASSED AND ADOPTED by the Homer City Counci
46	this day of, 2016.
47	
48	CITY OF HOMER
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51	
52	MARY E. WYTHE, MAYOR
53	
54	ATTEST:
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56	
57	JO JOHNSON, MMC, CITY CLERK
58	
59	Fiscal Note: N/A

City of Homer Grievance Procedure Under The Americans with Disabilities Act

This grievance procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA). It may be used by anyone who wishes to file a complaint alleging violation on the basis of disability in the provision of services, activities, programs or benefits by the City of Homer. The City's Personnel Policy governs employment-related complaints of violation.

The complaint should be in writing and contain information about the alleged violation 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 following timeline is established in accordance with Chapter 2 ADA Coordinator, Notice & Grievance Procedure: Administrative Requirements under Title 2 of the ADA. It is the goal of the City of Homer to discuss and resolve grievances as quickly as possible.

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

Melissa Jacobsen, ADA Coordinator and Deputy City Clerk City of Homer 491 E. Pioneer Avenue, Homer, AK, 99603

- 2. The ADA Coordinator or designee will meet with the complainant within 15 calendar days after the receipt of the complaint to discuss the non-compliance and possible resolutions.
- 3. The ADA Coordinator or designee will respond in writing, and where appropriate, in a format accessible to the complainant, within 15 calendar days. The response will explain the position of the City of Homer and offer options for substantive resolution of the complaint.
- 4. If the response of the ADA Coordinator or designee does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision to the City Manager or designee within 15 calendar days after the receipt of the response.
- 5. The City Manager or designee will meet with the complainant within 15 calendar days of receipt of the appeal to discuss the compliant and resolution.

6. The City Manager or designee will respond in writing, and where appropriate, in a format accessible to the complainant, within 15 calendar days with a final resolution of the complaint.

All written complaints received by the ADA Coordinator or designee, appeals to the City Manager or designee, and responses from these two offices will be retained by the City of Homer for at least three years.

ADA Grievance Form

Instructions: Please complete and sign the form and submit it within 60 days of any

violation to:

Melissa Jacobsen
ADA Coordinator and Deputy City Clerk
City of Homer
491 E. Pioneer Avenue
Homer, AK 99603
907-435-3107

mjacobsen@ci.homer.ak.us

1. Type of Grievance (check all that apply):

Accommodation Request Program/Service Facility Accessibility Other:				
2. Reporting Individual:				
Full Name:				
Address:				
City, State, Zip Code:				
Phone	Alternate Phone:			
Email:				

3. Authorized Representative of Reporting Individual (if any):				
Full Name:				
Address:				
City, State, Zip Code:				
Phone	Alternate Phone:			
Email:				
DETAILS OF VIOLATION				
4. Date/Time of Incident:				
5. Department/Facility/Location Involved:				
6. Describe the violation. Y page if necessary.	ou may add an additional			

7. Have attempts been made to resolve the violation through a City Department? If yes, please describe the efforts that have been made.
8. What do you recommend as a solution?
Signature Date
Attach additional pages as necessary. If you need assistance, require an accessible format, or have questions about this form please contact the City of Homer ADA Coordinator at: mjacobsen@ci.homer.ak.us or (907)435-3107

ADA Grievance Form Page 3 of 3 April 2016



Office of the City Clerk

491 East Pioneer Avenue Homer, Alaska 99603

clerk@cityofhomer-ak.gov (p) 907-235-3130 (f) 907-235-3143

Memorandum

TO: ADA Compliance Committee

FROM: Melissa Jacobsen, CMC, Deputy City Clerk,

ADA Coordinator

DATE: May 6, 2016

SUBJECT: Self-Evaluation & Transition Plan Update

I spoke with City Manager Katie Koester after our last meeting about how she would like to proceed with tasking to begin our selfevaluation plan.

She asked Jenny Carroll the city's Special Projects & Communications Coordinator to join us and we talked about the potential of finding grants to help pay to hire a contractor to help with the self-evaluation and prepare a transition plan for the city.

Jenny reported back that she found a grant possibility from the Alaska Mental Health Trust Authority (AMHTA). The gentleman she spoke with indicated they would look at a Small Project Grant request, which is up to \$10,000, through their Small Projects Grant Program. The next application deadline is July 1st and Jenny will be applying for that grant on behalf of the city.

Recommendation: No committee action is needed at this time.



City of Homer Notice under the Americans with Disabilities Act

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), the City of Homer will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: The City of Homer does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

Effective Communication: The City of Homer will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the City of Homer's programs, services and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: The City of Homer will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcome in City of Homer offices, even when pets are generally prohibited.

Anyone who requires an auxiliary aide or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the City of Homer, should contact Melissa Jacobsen, ADA Coordinator and Deputy City Clerk at 907-435-3107 or mjacobsen@ci.homer.ak.us as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the City of Homer to take any action that would fundamentally alter the nature of its programs or services, or impose undue financial or administrative burden.

Complaints that a program, service, or activity of the City of Homer is not accessible to persons with disabilities should be directed to Melissa Jacobsen, ADA Coordinator and Deputy City Clerk at 907-435-3107 or mjacobsen@ci.homer.ak.us.

The City of Homer will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/series or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.



CITY OF HOMER

SPECIAL EVENT PERMIT APPLICATION



INTRODUCTION

The application process begins when you submit a completed Special Event Application to the City of Homer. Keep in mind that the acceptance of your application should in no way be construed as final approval or confirmation of your request.

Copies of the application will be reviewed by all affected City departments. You will be notified if your event requires any additional information, certificates, or fees.

It is our goal to assist event organizers in planning safe and successful events by minimizing impact on public safety and welfare.

On behalf of the City of Homer we thank you for contributing to the spirit and vitality of our community through the staging of your event.

Best wishes for a successful event!

Applicant and Sponsoring Organization Information							
Applicant Name							
Street Address							
City, State, ZIP Code							
Day Phone							
Fax Phone							
E-Mail Address							
Sponsoring Organization							
On-site Event Contact Person						Cell Number	;
Sponsor Entity: Corp		□ Sole Proprietor		Partnership		Non-Profit	☐ Other:
I h . h . h . h	:dO	,					ding in the state in which it is ity in the State of Alaska
In what state is the entity orga	inizea?		- Jan				Title:
Principal Officer Name							
Principal Officer Name							Title:
Principal Officer Name							Title:
Tax Exempt No:				* Attach certific	ation	of current ta	x exempt status
Does the sponsoring organizat	Does the sponsoring organization maintain any of the following insurance coverages?						
Comprehensive Commercial L	iability	☐ Yes ☐ No If yes	s, cove	erage amount:_			
Comprehensive Automobile Li	Comprehensive Automobile Liability						
□ orker'□Compen ation Insur	ance	☐ Yes ☐ No					
		Event	Info	ormation			
Type of Event (Check all that a	pply):						
☐ Festival/Fair ☐ Tourn	ament	☐ Parade/March	ПС	oncert/Perform	ance	□ Private	Party/Block Party
☐ Run/Walk ☐ Carn				tdoor Market		\Box Other(spec	
Event Title							
Event Date(s)							
Event Location							
Event Hours	Start:						
Set-up	Date:		Tir	ne:			
Break Down	Date:		Tir	ne:			
Anticipated Per Day Attendance	Particip	pants:		Spectators:			

Overall Event Description				
Briefly explain event and activities:				
	Venue/ Route Information			
Parade/Walk/Run Route:				
Assembly Area:	Disbanding area:			
Reviewing Stand Location				
Number of anticipated entries				
Does the event require a street closure?	P □ Yes □ No			
Names of Street(s) to be closed:				
	Between	and		
	Between	and		
Time of Street Closure Start:	End:			

Event Details
Is the event free to the public? Yes No Admission Cost: Parking Cost:
Does your event involve the sale or consumption of alcoholic beverages? $\ \square$ Yes $\ \square$ No If yes, please describe:
Will items or services be sold at the event? ☐ Yes ☐ No If yes, please describe:
Will Vendors be cooking or heating food? ☐ Yes ☐ No If yes, please describe:
Will event have amplified sound? ☐ Yes ☐ No If yes, please describe:
Will there be any fenced areas? ☐ Yes ☐ No If yes, please describe:
Will there be construction of stages, platforms, bleachers or other temporary structures? \Box Yes \Box No If yes, please describe (including dimensions):
Will tents or canopies be used? ☐ Yes ☐ No If yes, number of tents/awnings: Size of tents/awnings:
Does the event include the use of fireworks? ☐ Yes ☐ No If yes, please describe:
Does the event include the use of open flames (i.e. bonfires)? \square Yes \square No If yes, please describe:
Does the event include rides, inflatables, animals, climbing walls, or similar devices? Yes No If yes, please describe:

Will generators or other electrical equipment be utilized at the event? \square Yes \square No If yes, please describe:			
Do you plan on utilizing volunteers? If yes, in what capacity?			
Traffic Control			
Please describe your plans for traffic control and parking for this event:			
riease describe your plans for traffic control and parking for this event.			
Will you be providing traffic safety equipment at your event? Yes No Number of barricades: Number of directional signage: If no, please explain:			
Sanitation			
Will you be providing trash receptacles at your event?			
Will you be providing portable rest room facilities at your event? ☐ Yes ☐ No If yes, number of portable restrooms: If no, please explain:			
Public Health			
Please describe your first aid/medical plan for this event:			
Safety/ Security			
Please describe your security plan for crowd control and safety:			
Have you hired a Security firm to handle security arrangements for this event? \square Yes \square No			
If yes: Company Name: Phone Number: Number of Guards:			
Contact info for day of event:			

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	Indemnity
and its officers alleged to arise	ned Applicant/Sponsor of this special event agrees to indemnify, defend and hold harmless the City of Homer, rs, employees and agents from any and all actions, claims, damages, losses and liability arising out of or see out of the special event which was proximately caused by the Applicant/Sponsor, its officers, employees, y other person attending or joining in the special event who was, or reasonably should have been under the onsor's control.
Signature of A	Applicant Date
Signature of W	Witness Date
	Be sure to attach:
	Proof that the sponsoring organization is in good standing with its organizing state and qualified to conduct activity in the state of Alaska
	A site plan/route map of the event
	Certification of current tax exempt status (if applicable)
	Please submit your completed application and the application fee (made payable to City of Homer) to:
	City of Homer Attn: City Manager 491 East Pioneer Ave Homer, Alaska 99603 Email: citymanager@ci.homer.ak.us Phone:(907) 235-8121 ext. 2222 Facsimile: (907) 235-3148



Special events on public property that are open to the public are required by the Americans with Disabilities Act (ADA) to be accessible to people with disabilities. For questions or to request these instructions in an alternate format, please contact the ADA Coordinator.

Melissa Jacobsen Phone: (907) 435-3107

ADA Coordinator/

Deputy City Clerk <u>mjacobsen@ci.homer.ak.us</u>

491 E. Pioneer Ave. Fax: (907) 235-3143

- 1. You are required to provide reasonable accommodations to people with disabilities. The following "ADA Accommodation Notice" must be included on all print material for the event including programs, flyers, and websites: "For an ADA accommodation contact [insert name] at [insert phone]."
- 2. If parking is not provided, a "Passenger Loading Zone" (aka "Drop Off Zone") is required, identified by a sign. (You may make your own signs.)
- 3. If the event sets up barriers such as *fencing, hoses, cords, or other items* in pedestrian paths including sidewalks, crosswalks, and pathways through the event, the barriers must either be ramped on an "Accessible

Route" sign must indicate the direction of an alternate accessible route.

- 4. There must be an "Accessible Route" to each of your event activities with the following features:
 - a) No Steps. Elevation changes greater than ¼ inch vertical or ½ inch beveled must be ramped.
 - b) Adequate width. Sidewalks and routes to public buildings must be at least 48 inches wide; routes within the event must be at least 36 inches wide.
 - c) No protrusions/overhangs/lines/ect up to a height of 80 inches.
 - d) Activities should be oriented near paved areas as much as possible.
 - e) Inaccessible routes such as stairs must have signage indicated the direction of the "Accessible Route."

If tables or **sales/service counters** are used, they are not to exceed a height of 36 inches or an alternate table must be provided.

If **seating** is provided, "Accessible Seating" with "Companion Seating" must be available with a view of the event that is equal to or better than the average view, and identified with signage.

If **portable toilets** are provided, 5%(at least 1 in 20) of the toilets in EACH location/group of toilets must be ADA portable toilets accessible from pavement.

CITY OF HOMER 1 HOMER, ALASKA 2 City Manager 3 **RESOLUTION 16-019** 4 5 A RESOLUTION OF THE HOMER CITY 6 COUNCIL **FSTABLISHING** AN 7 AMERICANS WITH DISABILITIES ACT 8 **COMMITTEE** COMPLIANCE TO 9 DEVELOP A TRANSITION PLAN AND 10 ESTABLISH Α GRIFVANCE 11 PROCEDURE TO COMPLY WITH ADA 12 REQUIREMENTS AND APPOINTING 13 DEPUTY CITY CLERK MELISSA 14 JACOBSEN AS THF ADA 15 COORDINATOR FOR THE CITY OF 16 HOMER. 17 18 WHEREAS, The Americans with Disability Act (ADA) 19 requires that State and local governments comply with 20 Title II of the ADA that covers programs, activities, and 21 services of public entities; and 22 23 WHEREAS, Title II is intended to protect qualified 24 individuals with disabilities from discrimination on the basis 25 of disability in the services, programs, or activities of all 26 State and local governments; and 27

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WHEREAS, Title II requires that public entities take several steps designed to achieve compliance with the ADA to include the preparation of a self-evaluation. In addition, public entities with 50 or more employees are required to:

- 1) Develop a grievance procedure;
- 2) Designate individual an to oversee Title Ш 34 compliance; 35
 - 3) Develop a transition plan if structural changes are necessary for achieving program accessibility; and
 - 4) Retain the self-evaluation for three years.

WHEREAS, It is necessary to establish an ADA Compliance Committee (ADACC) to develop a Transition Plan and Grievance Procedure and appoint an ADA Coordinator for the City of Homer.

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NOW, THEREFORE, BE IT RESOLVED that the City of Homer hereby establishes the Americans with Disability Act Compliance Committee (ADDCC).

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BE IT FURTHER RESOLVED that Melissa Jacobsen, Deputy City Clerk, is appointed as the ADA Coordinator for the City of Homer.

BE IT FURTHER RESOLVED that the Committee membership shall be one member of the City Council, and four members of the community, two of those members shall reside with the City of Homer.

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BE IT FURTHER RESOLVED that the committee should select within its membership a chairperson to run meetings and provide the clerk's office with agenda content, a vice chair in the chair's absence, and a secretary to take notes at meetings.

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BE IT FURTHER RESOLVED that the scope of work shall include:

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 Prepare a Self-Evaluation of the City's policies and practices and analyze whether these policies and practices adversely affect the full participation of individuals with disabilities in its programs, activities, and services.

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 Develop a Transition Plan that lists the physical barriers in the City's facilities that limit the accessibility of its programs, activities, or services to individuals with disabilities; the methods to be utilized to remove these barriers and make the facilities accessible; and the schedule for taking necessary steps to achieve compliance.

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 Develop a Grievance Procedure to outline the process of providing for prompt and equitable resolution of complaints alleging any action that would be prohibited by Title II.

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BE IT FURTHER RESOLVED that the Committee shall establish its own work schedule and shall remain in effect to review any new programs, activities, and services within the City of Homer. PASSED AND ADOPTED by the Homer City Council this 8th day of February, 2016. CITY OF HOMER MARY E. WYTHE, MAYOR ATTEST: JO JOHNSON, MMC, CITY CLERK Fiscal information: N/A



Consumer Guide

711 for Telecommunications Relay Service

The Federal Communications Commission adopted use of the 711 dialing code for access to Telecommunications Relay Services (TRS). TRS permits persons with a hearing or speech disability to use the telephone system via a text telephone (TTY) or other device to call persons with or without such disabilities. For more information about the various types of TRS, see the FCC's consumer guide at www.fcc.gov/guides/telecommunications-relay-service-trs, or visit the website of our Disability Rights Office (DRO) at www.fcc.gov/disability.

Making TRS Calls

If you want to call someone using TRS, use your TTY or dial 711 on your telephone, and you will automatically be connected to a TRS operator. If you're a TRS user traveling out of state and want to make a call, there is no longer a need to learn the state's TRS provider's telephone number. Just dial 711. It's fast, functional and free.

The 711 code is not just for use by persons with disabilities. Both voice and TRS users can initiate a call from any telephone, anywhere in the United States, without having to remember and dial a seven or ten-digit access number. For persons who have been using TRS for years, the convenience of dialing three digits is obvious.

711 dialing access does not work for Video Relay Service (VRS), Internet Protocol (IP) relay or IPCTS Relay calls, because such calls are initiated through the Internet. Hearing persons initiating a VRS or IP Relay call may do so by calling a provider's 800 number. IPCTS users just call their party directly, and a Communications Assistant (CA) is automatically connected to the call.

Dialing 711 from a Private Branch Exchange

FCC rules require all telephone companies (including wireline, wireless and payphone providers) that operate private branch exchanges (PBXs) to implement three-digit 711 dialing for access to TRS. A PBX is a private telephone system within an organization that switches calls between internal users and allows users to share a certain number of external phone lines. PBX operators are required to modify their equipment to enable 711 dialing to ensure that everyone benefits from abbreviated dialing and consumers have easy access to TRS.

Callers from locations served by PBXs may be required to dial 9 or another prefix before entering the 711 code or placing an outside call. The FCC encourages PBX operators to work with telephone companies and TRS providers to facilitate 711 dialing for users.

The FCC determined that providers of interconnected Voice over Internet Protocol (VoIP) service also must offer 711 abbreviated dialing.



911 and 711

Dialing 911 is the most familiar and effective way Americans have to find help in an emergency. The Americans with Disabilities Act (ADA) requires all Public Safety Answering Points (PSAPs) to provide direct, equal access to their emergency response services for people with disabilities who use TTYs or other devices. Therefore, in the event of an emergency, TTY users should call 911 directly and not make a TRS call via 711.

If you are unable to reach a TRS operator by dialing 711, you can file a complaint with the FCC. There is no charge for filing a complaint.

Filing a complaint

You have multiple options for filing a complaint with the FCC:

- File a complaint online at https://consumercomplaints.fcc.gov
- By phone: 1-888-CALL-FCC (1-888-225-5322); TTY: 1-888-TELL-FCC (1-888-835-5322); ASL: 1-844-432-2275
- By mail (please include your name, address, contact information and as much detail about your complaint as possible):

Federal Communications Commission Consumer and Governmental Affairs Bureau Consumer Inquiries and Complaints Division 445 12th Street, S.W. Washington, DC 20554

Accessible formats

To request this article in an accessible format - braille, large print, Word or text document or audio - write or call us at the address or phone number at the bottom of the page, or send an email to fcc504@fcc.gov.

Last Reviewed 11/7/15

