Wicklow Local Authorities

Disability Act 2005 – Complaint Procedure Form

Name:				
Address:				
Contact Number:				
Email Address:				
Please state if your complaint is being made on behalf of a third party:				
Yes				
No \square				
Places indicate the Section (s) of the Ast with which we	ou alaim the Wieklaw Local			
Please indicate the Section (s) of the Act with which you claim the Wicklow Local Authorities has not complied.				
Additional not complica.				
Complaints can be made towards the following sections:				
Section 25 (Access to public buildings)				
Section 26 (Access to services)				
Section 27 (Accessibility of services supplied to the local authorities)				
Section 28 (Access to information)				
Section 29 (Access to heritage sites)				
Please state which location you feel did not comply with the Disability ACT				
2005				

2. Please state below the name of the person(s) you were dealing with (including
dates and times).
3. Please outline the response you have received to the issue in question and
why you were unhappy with that response.

•	any other information as to ctions 25-29 of Disability <i>i</i>	· ·	on may not have
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Signed:		Date:	