## **ADA Grievance Form**

Please fill out this form completely, in black ink or type. If you need any accommodation or assistance in completing this form, please contact the ADA Coordinator, Shawn Sanders at 651-430-8830. Sign and return to: Stillwater City Hall -2164th Street North, Stillwater, MN 55016

Section I – Discrimination Description		
Date of Alleged Discrimination (Month, Day, Year):_		
Have efforts been made to resolve this complaint?		
If yes, what is the status of the grievance?		
Has the complaint been filed with the Department or rights agency or court?  Yes	of Justice or any other Federal, State or local civil	
If Yes:		
Agency or Court:		
Contact Name:		
Agency Name:	Phone:	
Description of Grievance/Discrimination:		
	<u> </u>	
Section II – Complainant Information		
Complainant Name:		
Street Address:		
City:	State: Zip:	
Home Phone: V	Nork Phone:	
Mobile Phone:E	mail:	
Preferred method of communication: Mail	Email Phone 🗆	

ection III – Completed by	
re you filling this complaint out on your own behalf?	Yes No
Yes, complete Section III	
No, please supply the name and relationship of the per	son for whom you are complaining:
First and last name of person for whom you are fill	ling:
Relationship of the person for whom you are filling	g:
Please explain why you have filed for a third party:	:
lease confirm that you have obtained the permission of	the
aggrieved party, if you are filing on behalf of a third party	y. Yes 🗌 No 🔲
ection IV – Previous	
lave you previously filled an ADA complaint with this age	ency? Yes 🗌 No 🗀
ection VI – Remedy Sought	
State the specific remedy sought to resolve the issues (s)	ı:
You may attach any written or other information that y	ou this is relevant to your complaint.

has been made by me voluntarily without persuasion, coercion, or promise of any kind.