## **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? Yes $\square$ No $\square$
If yes, what is the status of the grievance?
Has the complaint been filed with the Department of Justice or any other Federal, State or local civil rights agency or court?  Yes □ No □
If Yes:
Agency or Court:
Contact Name: Contact Title:
Agency Name: Phone:
Description of Grievance/Discrimination:
Section II – Complainant Information
Complainant Name:
Street Address:
City:
Home Phone: Work Phone:
Mobile Phone:Email:
Preferred method of communication: Mail   Email   Phone

Section III – Completed by	
Are you filling this complaint out on your ow	vn behalf? Yes □ No □
f Yes, complete Section III	
<b>f No</b> , please supply the name and relations	hip of the person for whom you are complaining:
First and last name of person for who	om you are filling:
Relationship of the person for whom	you are filling:
Please explain why you have filed for	a third party:
Please confirm that you have obtained the p	permission of the
aggrieved party, if you are filing on behalf o	of a third party. Yes 🔲 No 🔲
Section IV – Previous	
Have you previously filled an ADA complain	t with this agency? Yes 🔲 No 🔲
Section VI – Remedy Sought	
State the specific remedy sought to resolve	the issues (s):
You may attach any written or other info	rmation that you this is relevant to your complaint.
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has been made by me voluntarily without persuasion, coercion, or promise of any kind.