

## **ADA Grievance Form**

## COMPLAINT OF ACCESS VIOLATION OR DISCRIMINATION ON THE BASIS OF DISABILITY

The City of Lakewood will make every reasonable effort to ensure that confidentiality is maintained throughout the complaint and investigation process, to the extent consistent with the law, adequate investigation, and appropriate corrective action. This means that the City will share any sensitive information you provide here only on a need-to-know basis.

Ind	lividual identifying	ccess violation or discrimination	
	Name		
	Address		
	Telephone	Email	
Authorized representative of individual above (if any)			
	Name		
	Address		
	Telephone	Email	
1.		City's alleged violation of access requirements, or discriminatory action, in ature of your grievance can be clearly understood. Add pages if necessary:	
2.	Please give the da reporting:	e(s), time(s) and location(s) of the incident(s) or observation(s) you are	
3.	If the incident invoking the known:	ves a City of Lakewood employee(s) please provide his or her name(s), if	

4.		ohysical access to a City of Lakewood public facility, land, or right-of- oecific address(s) of those locations, if known:
5.	Please give the name(s) a alleged discrimination:	nd address(es), if known, of any witnesses to the access violation or
6.		n behalf of a second person, or on behalf of a group of people, please ddresses of all of the grievants, if possible:
7. \	What action do you want t	aken to correct the alleged access violation or discrimination?
8. ו	Is there any other informat	ion you want the City to know concerning your grievance?
	Signature: _ (I Date:	Filling in the name is an acceptable signature for this form.)
	_	of (check a box below or the form will auto select an option for you by default)
	Signature	
		☐ Observer of alleged access violation.
		<ul><li>□ Victim of alleged discrimination.</li><li>□ Authorized representative.</li></ul>

Submit this form to the appropriate department head, or to Mary McDougal, the City ADA Coordinator.