

4. If the grievance involves physical access to a City of Lakewood public facility, land, or right-of-way, please provide the specific address(s) of those locations, if known:

5. Please give the name(s) and address(es), if known, of any witnesses to the access violation or alleged discrimination:

6. If this complaint is filed on behalf of a second person, or on behalf of a group of people, please provide the names and addresses of all of the grievants, if possible:

7. What action do you want taken to correct the alleged access violation or discrimination?

8. Is there any other information you want the City to know concerning your grievance?

Signature: _____

(Filling in the name is an acceptable signature for this form.)

Date: _____

Signature of (check a box below or the form will auto select an option for you by default)

Observer of alleged access violation.

Victim of alleged discrimination.

Authorized representative.

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