City of Wenatchee

ADA Grievance Form

COMPLAINT OF ACCESS VIOLATION OR DISCRIMINATION ON THE BASIS OF DISABILITY

The City of Wenatchee 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.

Individual identifying access violation or discrimination

	Name	
	Address	
	Telephone	Email
Aut	thorized representa	tive of individual above (if any)
	Name	
	Address	
	Telephone	Email
1.		e 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 dat reporting:	re(s), time(s) and location(s) of the incident(s) or observation(s) you are
3.	If the incident invoknown:	lives a City of Wenatchee employee(s) please provide his or her name(s), if

4.	If the grievance involves physical access to a City of Wenatchee public facility, land, or right-of-way, please provide the specific address(s) of those locations, if known:			
5.	Please give the name(alleged discrimination	s) and address(es), if known, of any witnesses to the access violation or :		
6.		nt is filed on behalf of a second person, or on behalf of a group of people, please ames and addresses of all of the grievants, if possible:		
7. \	What action do you wa	nt taken to correct the alleged access violation or discrimination?		
8. I	s there any other infor	mation 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 one)		
		☐ Observer of alleged access violation.		
		☐ Victim of alleged discrimination.		
		☐ Authorized representative.		
	Submit this form to t	the appropriate department head, or to Kari Page, the City ADA Coordinator.		