## Americans with Disabilities Act (ADA) Grievance Form



Instructions: Use this form to initiate an informal complaint procedure to investigate and resolve complaints alleging that the City of Wilsonville has not complied with the ADA. Return to:

City of Wilsonville ADA Coordinator 29799 SW Town Center Loop E Wilsonville, OR 97070 503-570-4960 ADACoordinator@ci.wilsonville.or.us

Today's Date:
Complainant's Name:
Phone Number:
Home Address:
City / State / Zip:
Date of Alleged Violation:
Please provide a detailed description of the alleged act(s). Where possible, include the name of the person, facility, City Department or program responsible for the alleged discriminatory act and the names and phone numbers of any witnesses. Attach additional pages if necessary.

Please describe the actions or accommodations you believe are appropriate to this alleged discriminatory act.		
Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? If yes, please complete <b>Section B</b> on the following page.		
Yes		
No 🗆		

Section B
Date Filed:
Agency or Court:
Contact Person:
Address:
City / State / Zip:
Phone Number:
Signature of (check one):   Complainant   Authorized Representative
Signature:
Date:
STAFF USE ONLY
Date Received:
Received by:
Complaint File Number:
Comments:

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