

## City of Waseca - Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Prior to filing a grievance, you are strongly encouraged to contact the City's ADA Coordinator to discuss any concerns regarding City pedestrian facilities within the public right-of-way. The ADA Coordinator's role is to provide a point of contact for the public to address concerns. It is anticipated that most identified concerns will be able to be resolved by the ADA Coordinator. Contact information for the ADA Coordinator can be found on the 2<sup>nd</sup> page of this form.

Instructions: Please complete this form in black ink or type. Answer all questions to the best of your knowledge, then sign and return to the ADA Coordinator. Attach additional sheets if necessary.

Complainant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Person Discriminated Against (if other than the complainant): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone (Home/Business or Both): \_\_\_\_\_

### Government, organization, or institution which you believe has discriminated:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

When was the issue discovered/when did the problem occur? (Date): \_\_\_\_\_

\_\_\_\_\_

Describe the issue in detail, providing the name(s) where possible of the individuals who have been contacted. (Add additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have prior efforts been made to resolve this complaint through the grievance procedure?

Yes ☐ No ☐

If yes, what is the status of the grievance? \_\_\_\_\_

Has the complaint been filed with another bureau of the Department of Justice, other Federal, State, or local civil rights agency, court, or other organization? Yes ☐ No ☐

If Yes, list the bureaus, agencies, courts, or organizations and the dates filed: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Do you intend to file with another agency, court, or organization? Yes ☐ No ☐

If yes, name the agency, court, or organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Complainant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return the completed form to:**

City of Waseca ADA Coordinator

508 South State Street

Waseca, MN 56093

Phone: 507-835-9716

Fax: 507-835-8871

Email: [cityengineer@ci.waseca.mn.us](mailto:cityengineer@ci.waseca.mn.us)