

## City of Minnetonka ADA Grievance Form

Complainant:

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

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

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

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Person discriminated against (if other than the complainant):

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

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

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

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

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

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

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

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

When did the discrimination occur? \_\_\_\_\_ Date: \_\_\_\_\_

Have efforts been made to resolve this complaint? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: what is the status of the grievance?

Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

Agency or Court: \_\_\_\_\_

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

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

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

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

Date Filed: \_\_\_\_\_

Do you intend to file with another agency or court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

Agency or Court: \_\_\_\_\_

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

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

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

Additional space for answers:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Return to:***

***Minnetonka Assistant City Engineer***

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***952.939.8206***