



Americans with Disabilities Act Title II Grievance Form

Today's Date: _____

Complainant Name: _____

Address: _____

City, State, Zip: _____

Telephone and email: _____

Individual discriminated against (if other than complainant):

Name: _____

Address: _____

City, State, Zip: _____

Telephone and email: _____

Alleged violation: Date(s) of occurrence: _____

Describe violation and City Department involved:

What efforts have been made to resolve this complaint using the internal grievance procedures of the City Department?

If you have documentation, copies would be helpful. Examples are letters, email messages, written notes, etc.

Has complaint been filed with State or Federal Agency: Yes _____ No _____

Name of Agency: _____ Date Filed: _____

Contact Person: _____

Signature: _____ **Date:** _____

Please attach additional pages if you need more room.

CITY OF EDINA

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