

**Title II of Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Grievance Form**

Reporting Individual: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Business/Cell Phone: _____

This section to be completed only if the aggrieved person is not the individual completing this form.

Person(s) Affected by the Situation: _____
(if other than reporting individual)

Address: _____

City, State, Zip: _____

Home Phone: _____ Business/Cell Phone: _____

Program/Facility Alleged to Be Inaccessible: _____

Date situation occurred: _____

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation. (Attach additional pages if necessary.)

Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator? (Circle One) **YES** **NO**

If yes, what were the results? _____

Additional Comments:

Signature: _____ Date: _____

Send Completed Form to:

ADA Coordinator
City of Monroe
806 W Main St
Monroe, WA 98272

<i>RESERVED FOR ENTITY USE</i>	

Date Received by ADA Coordinator	Date City Response Sent