

## **Americans with Disabilities Act Title II Grievance Form**

The city has developed a grievance procedure to ensure that accessibility concerns are resolved quickly and fairly, as outlined in the Americans with Disabilities Act (ADA).

If you have issues with the form, or to file an oral grievance, call 763.572.3554.

Complainan	ıt – person filing grievar	nce					
Name:	Date:						
Street address:							
City:		State:			_Zip co	de:	
Phone number:	:	Email:					
Person clain	ming accessibility issue (	(if different from	above)				
Name:							
Phone number:	:	Email:					
Complaint							
	cation of the problem? Please r than a roadway.	include city, street na	me, interse	ection (if	applica	able), facility n	ame and/or
	ave been made to resolve this oumentation, copies would be h	•	etters, emo	ail messa	iges, wi	ritten notes, et	с.
Has the compla	int been filed with any federal	or state agency?		Yes		No	
Name of agenc	y:						
Contact name:			Date filed:				
Please attach a	dditional pages if you need mo	ore room.					
Signature of complainant:			Date:				
Return to:	Engineering Division 7071 University Ave NE, F	Fridley, MN 55432					

publicworks@fridleymn.gov