

Waseca County Public Rights of Way Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

The public is strongly encouraged to contact the ADA Coordinator to discuss any concerns regarding County transportation facilities prior to starting the grievance process. It is anticipated most accessibility issues, once identified, will be satisfactorily resolved by the ADA Coordinator without the need for completion of the formal complaint form.

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the ADA Coordinator as specified in **Appendix D**. Attach additional sheets if necessary.

Complainant Name:

Street Address:

City, State and Zip Code: Telephone (Home):

Telephone (Business):

Person Discriminated Against: (if other than the complainant)

Address:

City, State, and Zip Code:

Telephone (Home/Business or Both):

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

Name:

Street Address:

City:

County:

State and Zip Code:

Telephone Number:

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 or any other Federal, State, or local civil rights agency or court?

Yes No

If Yes: Agency or Court:

Contact Person:

Street 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:

Telephone Number:

Signature: -----

Date:-----

Return to: ADA Coordinator as specified in **Appendix D.**

