

Americans with Disabilities Act (ADA) Grievance Form



Instructions: Use this form to initiate an informal complaint procedure to investigate and resolve complaints alleging that the City of Wilsonville has not complied with the ADA. Return to:

City of Wilsonville ADA Coordinator
29799 SW Town Center Loop E
Wilsonville, OR 97070
503-570-4960
ADACoordinator@ci.wilsonville.or.us

Today's Date:
Complainant's Name:
Phone Number:
Home Address:
City / State / Zip:
Date of Alleged Violation:
Please provide a detailed description of the alleged act(s). Where possible, include the name of the person, facility, City Department or program responsible for the alleged discriminatory act and the names and phone numbers of any witnesses. Attach additional pages if necessary.

Section B

Date Filed:

Agency or Court:

Contact Person:

Address:

City / State / Zip:

Phone Number:

Signature of (check one): Complainant Authorized Representative

Signature:

Date:

STAFF USE ONLY

Date Received:

Received by:

Complaint File Number:

Comments:
