



CITY OF EAST WENATCHEE

Title II of the Americans with Disabilities Act (ADA) Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 prohibit discrimination on the basis of disability in any program or activity receiving Federal financial assistance.

If you feel that you have been discriminated against, please provide the following necessary information in order to facilitate the processing of your complaint. Should you require assistance in completing this form, please let us know. Once completed, return a signed copy to:

City of East Wenatchee
ADA/504 Coordinator
271 9th St. N.E.
East Wenatchee, WA 98802
509-884-9515

Note: To protect your rights, your complaint must be filed within 30 days of the occurrence. Failure to file within 30 days may result in dismissal of your complaint.

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code _____

4. Telephone # (Home): _____ (Work) _____ (Cell) _____

5. Person discriminated against (if someone other than Complainant)

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone # (Home): _____ (Work) _____ (Cell) _____

6. Describe the alleged discrimination. Explain what happened and who you believe was responsible. (For additional space, attach additional sheets of paper or use back of the form) _____

7. Where did the incident take place? Please provide location, time, etc.?

8. Have efforts been made to resolve this complaint through an internal grievance procedure of the government, organization, or institution?

Yes No

If yes, what is the status of the grievance?

9. Witnesses? If there were witness to the alleged discrimination, please provide their contact information.

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone # (Home): _____ (Work) _____ (Cell) _____

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone # (Home): _____ (Work) _____ (Cell) _____

10. How can this complaint be resolved (how can the problem be corrected)?

11. Did you file this complaint with another federal, state, or local agency or with a federal or state court?

(check the appropriate space) Yes No

If your answer is yes, check each agency with which a complaint was filed:

Federal Agency Federal Court State Agency

State Court Local Agency Other

Please provide contact information for the agency you also filed the complaint with: _____ Date Filed: _____

12. If you need any special accommodations for communication regarding this complaint, please specify which alternative format you require.

Braille Large Print (specify the font size) CD

Sign Language Interpreter (specify language) _____

Language Interpreter (specific language) _____

Sign the complaint in space below. Attach any documents you believe support your complaint.

Complainant's Signature

Signature Date