

## City of Chaska ADA Grievance Form

### City of Chaska Discrimination Grievance Form

#### Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973

Instructions: Please fill out this form completely and return to the address on this page.

#### **Complainant** – person filing grievance:

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Representing** – person claiming an accessibility issue or alleging an ADA violation (if not the grievant):

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Complaint**

Where is the location of the problem? Please include city, roadway name, intersection (if applicable), facility name, and/or location if other than a roadway (i.e., rest area, pedestrian bridge, etc.):

Please provide a detailed description of the problem:

Has the complaint been filed with any federal or state agency?  Yes  No

If yes:

Name of agency: \_\_\_\_\_

Contact name: \_\_\_\_\_ Date filed: \_\_\_\_\_

Please attach additional pages if necessary.

#### **Return to:**

Chaska Municipal Services  
Attention: Aaron Kuznia  
660 Victoria Drive  
Chaska, MN 55318