



## City of Aberdeen - ADA Grievance Form

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

Designee Preparing Grievance (if different from Complainant): \_\_\_\_\_

Designee's Relationship to Complainant: \_\_\_\_\_

Street Address & Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: (       ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred contact method to discuss grievance: \_\_\_\_\_

Please provide a complete description of the specific grievance:

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Please specify any location(s) related to the grievance (if applicable):

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Please state what you think should be done to resolve the grievance:

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Please attach additional pages as needed.

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Please do not contact me personally.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:** City of Aberdeen, ADA/504 Coordinator, c/o Human Resources Director, 200 E Market Street, Aberdeen, WA 98520 or email to [adacoordinator@aberdeenwa.gov](mailto:adacoordinator@aberdeenwa.gov).

Upon request, reasonable accommodation will be provided to complete this form, or copies of the form will be provided in alternative formats. Contact ADA/504 Coordinator c/o Human Resources Director, at the address listed above, by e-mail to [adacoordinator@aberdeenwa.gov](mailto:adacoordinator@aberdeenwa.gov), or by telephone at 360-537-3207 or 7-1-1 (TTY, text to telephone, through Washington Telecommunication Relay Service).



## City of Aberdeen - ADA Grievance Appeal Form

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

Designee Preparing Grievance (if different from Complainant): \_\_\_\_\_

Designee's Relationship to Complainant: \_\_\_\_\_

Street Address & Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: (       ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred contact method to discuss grievance: \_\_\_\_\_

**PLEASE PROVIDE A DETAILED EXPLANATION OF WHY YOU BELIEVE THE RESPONSE FROM THE CITY'S ADA COORDINATOR DID NOT SATISFACTORILY RESOLVE YOUR GRIEVANCE** (Please attach a complete copy of your initial grievance and the response resolution letter from the City's ADA Coordinator):

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**APPEAL REMEDY REQUESTED:**

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Please attach additional pages as needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:** City of Aberdeen, ADA/504 Coordinator, c/o Human Resources Director, 200 E Market Street, Aberdeen, WA 98520 or email to [adacoordinator@aberdeennwa.gov](mailto:adacoordinator@aberdeennwa.gov).

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