City of Saint Paul
Americans with Disabilities Act
Grievance Form

COMPLAINANT INFORMATION

Name: _____

Address: _____ **Apt. No.:** _____

City: _____ **State:** _____ **ZIP Code:** _____

Telephone: _____ **Other Phone:** _____

E-mail: _____

AGGRIEVED INDIVIDUAL (IF OTHER THAN COMPLAINANT)

Name: _____

Address: _____ **Apt. No.:** _____

City: _____ **State:** _____ **ZIP Code:** _____

Telephone: _____ **Other Phone:** _____

E-mail: _____

NATURE OF THE COMPLAINT

City Department Involved: _____

Date(s) of Occurrence: _____

Description of Violation:

Requested Action of City to Correct Alleged Violation:

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

Date Filed: _____ **Agency or Court**: _____

Contact Person: _____ **Telephone:** _____

Address: _____ **Apt.:** _____

City: _____ **State:** _____ **Zip Code:** _____

IF NO

Do you intend to file with another agency or court? Yes_____ **No**_____

If **Yes: Agency or Court**: _____

Contact Person: _____ **Telephone:** _____

Address: _____ **Apt.:** _____

City: _____ **State:** _____ **Zip Code:** _____

ADDITIONAL COMMENTS

Signature: _____ **Date:** _____

Return to: **Alyssa Wetzel-Moore, ADA Coordinator**
Department of Human Rights and Equal Economic Opportunity (HREEO)
240 City Hall
15 West Kellogg Boulevard
St. Paul, MN 55102
Telephone: **(651) 266-8965** **Fax**: **(651) 266-8962**
E-mail: ADACoordinator@stpaul.gov

Reset Form