

# ADA Complaint / Grievance Form



Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Person Preparing Complaint (if different from Complainant): \_\_\_\_\_

Relationship to Complainant (if different from Complainant): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ E-mail: \_\_\_\_\_

Please provide a complete description of the specific complaint or grievance:

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Please specify any location(s) related to the complaint or grievance (please include street name(s) and/or address(s)):

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

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Please do not contact me personally

Return to:

Jack Ecklund  
ADA Program Access Coordinator  
3609 Market Place W, Ste 200  
University Place, WA 98466

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA Program Access Coordinator at the address listed above, via telephone (253) 460-5411 or via e-mail at: [JEcklund@cityofup.com](mailto:JEcklund@cityofup.com). Thank you for your help in creating a more safe and accessible city.

Please attach additional pages as needed.