

City of Minnetonka ADA Grievance Form

Complainant:

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Cell: _____

Person discriminated against (if other than the complainant):

Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____ Cell: _____

Government, or organization, or institution which you believe has discriminated:

Name: _____

Address: _____

City: _____

City, State and Zip Code: _____

Telephone Number: _____

When did the discrimination occur? _____ Date: _____

Have efforts been made to resolve this complaint? Yes _____ No _____

If yes: what is the status of the grievance?

Has the complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes _____ No _____

If yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Date Filed: _____

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

If yes:

Agency or Court: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Additional space for answers:

Signature: _____

Date: _____

Return to:

Minnetonka Public Works Facilities Manager

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