



ADA/SECTION 504 GRIEVANCE FORM

The City of Meridian prohibits discrimination against qualified individuals with disabilities in its services, programs or activities, included federally assisted services, programs or activities.

Sufficient data should be included to substantiate any claims or charges. Additional supporting documentation may be attached to this form.

Grievant Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____

OTHER CONTACT INFORMATION

Who else may we call if we cannot reach you? _____

Daytime Phone: _____ Evening Phone: _____

Name, address and telephone number of the person who was allegedly discriminated against, if different from the person filing the complaint.

1. Please describe the alleged act of discrimination that caused you to file this complaint?

2. What date (mm/dd/yyyy) and time did the incident occur?

3. Where did the incident occur?

4. Were there any witnesses to the incident? _____

5. If available, please provide the names and contact information for witnesses: _____

6. How would you like to see this matter resolved?

Name (Please print)

Date

Signature

PLEASE SEND THIS FORM TO:

City of Meridian
Attention to: City Attorney
33 E Broadway Ave
Meridian, ID 83642