



City of Moses Lake, Washington ADA Discrimination Complaint

Complainant's Information:

Name _____ Mailing Address _____
Resident Address (if different from mailing) _____
Contact Phone Number(s) _____
Email Address _____ Disability Related to Complaint _____

Aggrieved Party Contact (if different from complainant):

Name _____ Mailing Address _____
Physical Address (if different from mailing) _____
Contact Phone Number(s) _____
Email Address _____ Relation to Complainant _____

Complaint Information:

Date(s) and address or location of facility, service, or activity alleged to be inaccessible

City staff or department contacted _____

Witnesses or others involved – provide name, address, phone number, and email if available

Please use a separate piece of paper to provide additional information for above and the following:

- How were you discriminated against? Explain as clearly as possible what happened, who was involved at what location and time of day.
- If you have you filed a grievance, complaint, or lawsuit regarding this matter anywhere else, please provide name and address of each place you have filed.
- In the Complainant's view, what would be the best way to resolve the grievance?

I affirm that the foregoing information is true to the best of my knowledge and belief. I understand that all information becomes a matter of public record after the filing of this complaint.

Sign and Date _____

City Use Only: Date Received _____ Number of pages: _____