



ADA Grievance Form

Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973

Instructions: Please fill out this form completely and return it to the address on this page.

Complainant (person filing grievance)

Name: _____ Date: _____
Address: _____ City, State, Zip Code: _____
Phone number: _____ Email: _____

Representing (person claiming an accessibility issue or alleging an ADA violation, if not the grievant):

Name: _____ Date: _____
Address: _____ City, State, Zip Code: _____
Phone number: _____ Email: _____

Complaint:

Where is the location of the problem? Please include city, roadway name, intersection (if applicable), facility name, and/or location if other than a roadway (i.e., rest area, pedestrian bridge, etc.):

Please provide a detailed description of the problem:

Has the complaint been filed with any federal or state agency? Yes ___ No ___

If yes:

Name of agency: _____

Contact name: _____ Date filed: _____

Please attach additional pages if necessary.

Mail to:

ADA Coordinator: City Engineer
City of Fort Dodge
819 1st S Ave
Fort Dodge, IA 50501

Email to:

ADA Coordinator: City Engineer
engineering@fortdodgeiowa.org