



City of Sultan – ADA Grievance Appeal Form

Complainant Name:

Designee Preparing Grievance (if different from Complainant):

Designee's Relationship to Complainant:

Street Address & Apt. No.:

City:

State:

Zip:

Phone: ()

E-mail:

Preferred contact method to discuss grievance:

PLEASE PROVIDE A DETAILED EXPLANATION OF WHY YOU BELIEVE THE RESPONSE FROM THE CITY'S ADA COORDINATOR DID NOT SATISFACTORILY RESOLVE YOUR GRIEVANCE (Please attach a complete copy of your initial grievance and the response resolution letter from the City's ADA Coordinator):

APPEAL REMEDY REQUESTED:

Please attach additional pages as needed.

Signature: _____ Date: _____

Return to: City of Sultan, Tami Pevey, ADA Coordinator/City Clerk, 319 Main Street, P.O. Box 1199, Sultan, WA 98294, or email to adacoordinator@ci.sultan.wa.us.

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact Tami Pevey, ADA Coordinator/City Clerk, 319 Main Street, P.O. Box 1199, Sultan, WA 98294, or email adacoordinator@ci.sultan.wa.us, or call 36-793-1811 (dial -7-1-1 for Washington State Relay Services).