



# City of Charles City ADA Grievance Process Title II Complaint Form

**Today's Date:** \_\_\_\_\_

**Complainant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone and email:** \_\_\_\_\_

**Individual discriminated against (if other than complainant):**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone and email:** \_\_\_\_\_

**Alleged violation:** Date(s) of occurrence: \_\_\_\_\_

Describe violation and City Department or Neighborhood Organization involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What efforts have been made to resolve this complaint using the internal grievance procedures of the City Department or Neighborhood Organization?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have documentation, copies would be helpful. Examples are letters, email messages, written notes, etc.**

**Has complaint been filed with State or Federal Agency:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Name of Agency:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_