



ADA Grievance Form

The City of Yakima will make every reasonable effort to ensure that confidentiality is maintained throughout the complaint and investigation process, to the extent consistent with the law, adequate investigation, and appropriate corrective action.

Individual identifying access violation or discrimination

Name:

Email:

Phone Number:

Authorized Representative:

Phone Number:

Address:

1. Please describe the City's alleged violation of access requirements, or discriminatory action, in detail. Please include the date, time and location of the incident you are reporting. Add pages if necessary:

2. If the incident involves a City of Yakima employee(s) please provide their name(s):

3. What action would you like taken to correct the alleged access violation or discrimination?

Signature: _____
(Typing the name is an acceptable signature for this form.)

Date: _____

Signature of (check one)

Observer of alleged access violation. Victim of alleged discrimination. Authorized representative.