



ADA/Section 504 Grievance Form

The City of Meridian prohibits discrimination against qualified individuals with disabilities in its services, programs, or activities. If you believe you have experienced discrimination on the basis of disability in the City's services, activities, programs, or benefits, complete the ADA/Section 504 Grievance Form with detailed information to support your claims. Submit the form and any additional supporting documentation to the City's ADA/Section 504 Coordinator.

Complainant Name:

Complete Address:

Daytime Phone:

Evening Phone:

Who may we contact if we are unable to reach you? Please include their name and phone number.

Provide the name, address, and telephone number of the individual who experienced alleged discrimination, if different from the complainant.

Please provide a detailed description of the situation that prompted the filing of this complaint, including specific details. If additional space is required, you may submit additional documents.

When did the incident occur? Include the date and time.

Where did the incident occur?

If there were witnesses to the incident, please provide their name(s) and contact information.

How would you like to see this matter resolved?

Name	Date
------	------

Signature

Please submit this form to the ADA/Section 504 Coordinator at:

cityattorney@meridiacity.org

or mail to:

City of Meridian
Attn: City Attorney
33 E. Broadway
Meridian, ID 83642