COMPLAINT OF DISCRIMINATION ON THE BASIS OF DISABILITY
AGAINST THE CITY OF WESTPORT, WASHINGTON
Americans with Disability Act of 1990, 42 USC, Section 12131
Washington's Law Against Discrimination, Chapter 49.60 RCW

Complainant Contact Information:

Name:_____

Street Address:_____
(include City/State/Zip code)

Mailing Address:_____
(included City/State/Zip code)

Work/Home/Cell/or Message phone #:_____

Email address:_____

Aggrieved party representative contact information (if different from complainant):

Name:_____

Street Address:_____
(include City/State/Zip code)

Mailing Address:_____
(include City/State/Zip code)

Work/Home/Cell/or Message phone #:_____

Email address:_____

Relationship to aggrieved party: _____

Name of respondent: City of Westport, Washington

Department or agency (if known): _____

Address/location (if known:_____

_____

Date(s) of Incident:_____

I believe the below actions were taken because of my disability. My primary type of disability is:_____
(e.g. mobility, vision, development, etc.)

Statement of Complaint – How were you discriminated against? Explain as clearly as possible what happened, who was involved, and where it happened. Include all facts upon which the complaint is based. Attach additional sheets if needed**.**

Name, position, and department of City employees you have contacted regarding the incident(s).

Witnesses or others involved – provide name, address, telephone number(s) and email address (of available). Attached additional sheets if needed.

If you have filed a grievance, complaint or lawsuit regarding this matter anywhere else, give name and address of each place where you have filed. Attach additional sheets if needed.

In complainant's view, what would be the best way to resolve the grievance?

I affirm that the foregoing information is true to the best of my knowledge and belief. I understand that all information becomes a matter of public record after the filing of this complaint.

_____ Date: _____
Complainant Signature

_____ Date: _____
Aggrieved Party Signature