

**Americans With Disabilities Act (ADA) Title II
&
Section 504 of the Rehabilitation Act of 1973
Grievance Form**

Purpose: Use this form to file a grievance if you find that the City of Winfield, Kansas, has not provided adequate accommodation for a disability.

Instructions: Please fill out this form completely. Use dark ink or type in information. Print, sign and mail to:

**CITY OF WINFIELD
ADA COORDINATOR
200 E. 9TH
WINFIELD, KS 67156**

Grievance Form may also be completed online, www.winfieldks.org, and submitted by email.

Reporting Individual

Name:

Address: City: State: Zip:

1st Contact Phone: 2nd Contact Phone:

Person Allegedly Discriminated Against (if other than reporting individual)

Name:

Address: City: State: Zip:

1st Contact Phone: 2nd Contact Phone:

City of Winfield Service, Program or Facility Allegedly in Violation

Date Alleged Violation Occurred (YYYY-MM-DD)

Drop down calendar

Description Of
Alleged
Violation

Has this case been filed with the Department of Justice or other government agency or court?
If your answer is "Yes" to the previous question, complete the following:

Agency or Court:

Contact Person:

Address: City: State: Zip:

Phone : Date Filed mm/dd/yyyy:

Other comments:

Grievant Signature _____ Date: _____