

**COMPLAINT OF DISCRIMINATION ON THE BASIS OF DISABILITY
AGAINST THE CITY OF SHORELINE, WASHINGTON
Americans with Disability Act of 1990, 42 USC § 12101
Washington's Law Against Discrimination, chapter 49.60 RCW**

Complainant Contact Information:

Name

Street address/City/State/ Zip code

Work phone #/ Home/Cell phone #/ Message phone #

Email address

Additional mailing address

Aggrieved party contact information (if different from complainant):

Name

Street address/City/State/ Zip code

Work phone #/ Home/Cell phone #/ Message phone #

Email address

Relationship to aggrieved party

Name of respondent: City of Shoreline, Washington

Department or agency (if known): _____

Address/location (if known): _____

Date(s) of Incident: _____

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

Witnesses or other involved – provide name, address, telephone number(s) and email addresses (if available). Attach 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 the 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.

Complainant

Date

Aggrieved Party

Date