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: <u>City of Shoreline, Washington</u>
Department or agency (if known):
Address/location (if known):
Date(s) of Incident:

I believe the above actions were taken because of my disability. My primary type of disability is:	
	(e.g. mobility, vision, developmental)
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 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	