



City of Snoqualmie - ADA Grievance Form

Complainant Name:

Designee Preparing Grievance (if different from Complainant):

Designee's Relationship to Complainant:

Street Address & Apt. No.:

City:

State:

Zip:

Phone: ()

E-mail:

Preferred contact method to discuss grievance:

Please provide a complete description of the specific grievance:

Please specify any location(s) related to the grievance (if applicable):

Please state what you think should be done to resolve the grievance:

Please attach additional pages as needed.

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Please do not contact me personally.

Signature: _____ Date: _____

Return to: City of Snoqualmie, Jeff Hamlin, ADA/504 Coordinator, P.O. Box 987, Snoqualmie, WA 98065
or email to JHamlin@snoqualmiewa.gov.

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact Jeff Hamlin, ADA/504 Coordinator at the address listed above, by e-mail to JHamlin@snoqualmiewa.gov, by telephone at 425-831-4919 ext. 3006, or 7-1-1 (Washington Telecommunication Relay Service).



City of Snoqualmie - ADA Grievance Appeal Form

Complainant Name: _____

Designee Preparing Grievance (if different from Complainant): _____

Designee's Relationship to Complainant: _____

Street Address & Apt. No.: _____

City: _____

State: _____

Zip: _____

Phone: () _____

E-mail: _____

Preferred contact method to discuss grievance: _____

PLEASE PROVIDE A DETAILED EXPLANATION OF WHY YOU BELIEVE THE RESPONSE FROM THE CITY'S ADA COORDINATOR DID NOT SATISFACTORILY RESOLVE YOUR GRIEVANCE (Please attach a complete copy of your initial grievance and the response resolution letter from the City's ADA Coordinator):

APPEAL REMEDY REQUESTED:

Please attach additional pages as needed.

Signature: _____ Date: _____

Return to: City of Snoqualmie, Jeff Hamlin, ADA/504 Coordinator, P.O. Box 987, Snoqualmie, WA 98065
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