



CITY OF POST FALLS
AMERICANS WITH DISABILITIES ACT (ADA)
COMPLAINT / GRIEVANCE FORM

(This form is to be used to file a complaint / grievance alleging discrimination on the basis of disability in the provision of services, programs, activities, or benefits provided by the City of Post Falls.)

Instructions:

If you are the person we should contact, please submit your information and your preferred method of contact.

If you are completing this form for another individual, please submit their contact information and their preferred method of contact.

If you would like to include additional information, please provide that information and attach it to this form.

Your Name: _____ Today's Date: _____

I am the Complainant

I am representing the Complainant

Complainant's Contact Information		
Name: _____		
Complete Street Address and Zip Code: _____		
Telephone Number: _____		
Email Address: _____		
Preferred Method of Contact: Mail <input type="checkbox"/>	Telephone <input type="checkbox"/>	Email <input type="checkbox"/>
Representative's Information		
Name: _____		
Complete Street Address and Zip Code: _____		
Telephone Number: _____		
Email Address: _____		
Preferred Method of Contact: Mail <input type="checkbox"/>	Telephone <input type="checkbox"/>	Email <input type="checkbox"/>

COMPLAINT OR GRIEVANCE

1. Please provide a complete description of the specific complaint / grievance:



2. Please Specify any location(s) related to the complaint / grievance (if applicable):

3. Please state what you think should be done to resolve the complaint / grievance:

Note: If you would like to include additional information, please attach it to this form.

Signature: _____ Date: _____

Please submit this form not more than 60 days from the date of the alleged discrimination.

Shannon Howard
City Clerk/ADA Coordinator
Post Falls City Hall
408 N Spokane St.
Post Falls, ID 83854

Email: showard@postfallsidaho.org
Phone: (208) 773-3511
Fax: (208) 773-8362
TDD: (208) 457-3349

The City's ADA Coordinator or her designee will contact you to discuss your request within fifteen days (15) of the receipt of this form and any accompanying information.

The City of Post Falls does not discriminate on the basis of disability in its employment practices or in the admission to, access to, or operations of its services, programs, or activities. Shannon Howard, ADA Coordinator has been designated to coordinate compliance with the ADA non-discrimination requirements.