

City of St. Ann Grievance Form: Discrimination Based on Disability

It is the policy of the City of St. Ann to provide assistance in filling out this form. If assistance is needed, please contact the ADA Coordinator at 314-427-8009.

Name of Complainant: _____

Complainant's Address: _____

City, State and Zip Code: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Telecommunication Device (TDD): _____

Best Means and Time for Contacting Complainant: _____

Name of Complainant's Representative (*if applicable*): _____

Phone Number of Representative: _____ Home: Alternate: _____

Best Means and Time for Contacting Representative: _____

Nature of Complainant's Physical or Mental Impairment: _____

What major life activities are substantially limited by the impairment described above:

Program, service, or activity to which access was denied or in which alleged discrimination occurred: _____

Nature of alleged discrimination: _____

Date of alleged discrimination: Today's date: _____

Resolution Requested: _____

I Certify That I Am Qualified Or Otherwise Eligible To Participate In The Program, Service, Or Activity And The Above Statements Are True To The Best Of My Knowledge And Belief.

Signature of Complainant: _____ **Date:** _____

I certify that I am qualified or otherwise eligible to participate in the program, service, or activity and the above statements are true to the best of my knowledge and belief.

Signature of Representative: _____ **Date:** _____