City of Burien ADA Grievance Form

This form may be used by any person, or their representative, who believes they have experienced discrimination on the basis of disability in the provision of services, activities, programs, or facilities of the City of Burien.

Complaints should be submitted as soon as possible, but no later than 180 calendar days after the alleged act of discrimination. You do not need an attorney to file or pursue this grievance.

The ADA Grievance Coordinator will acknowledge receipt of your complaint and work with you to ensure an equitable and timely review consistent with the City's ADA Grievance Procedure.

If you disagree with the outcome, you may appeal in writing to the ADA Grievance Manager within 30 calendar days of receiving the response.

Assistance in completing this form or alternative filing methods (such as interviews, large print, Braille, or audio recording) are available upon request.

Submit this completed form to:

ADA Grievance Coordinator
City of Burien
400 SW 152nd Street, Suite 300
Burien, WA 98166
Email: accessibility@burienwa.gov
Telephone: 206-436-5567

Alternative formats are available upon request.

Grievant Contact Information:

Name

Street address | City | State | Zip code

Work phone # | Home phone # | Mobile phone #

E-mail address

1. Aggrieved party contact information (if different from grievant):

Name

Street address | City | State | Zip code

Work phone # | Home phone # | Message phone #

E-mail address

2. Name of respondent: City of Burien, Washington
3. Department or agency (if known):
4. Address/location (if known):
5. Date of incident(s) giving rise to this grievance:
6. City employees you have dealt with regarding the incident(s) (name, position, agency):
7. Witnesses/others involved (name, address, telephone number)

8. Statement of grievance:
   Include all facts upon which the grievance is based (attach additional sheets if needed)

9. Describe how the aggrieved party's physical and/or mental disability substantially impacts a major life activity.

10. In the grievant's view, what would be the best way to resolve the grievance?

11. Has the grievant filed a lawsuit, complaint, or grievance regarding this matter anywhere else? If yes, give the name and address of each place where you have filed:

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 grievance.

Signature or Mark of Aggrieved Party, or _____ Date _____

Signature or Mark of Grievant (if different) _____ Date _____