

**City of Inver Grove Heights
AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM**

NAME: _____ TODAY'S DATE: _____

ADDRESS: _____ E-MAIL: _____

PHONE NUMBER: _____ CELL PHONE: _____

Name, Address, and Telephone Number of Alternate Contact Person:

Department alleged to have denied access:

Location: _____

I was denied access on: _____ (date)

Disability Statement:

My disability is:

This problem is : _____ (temporary) _____ (permanent)

I am seeking access to the following City of Inver Grove Heights program or activity in which I haven't
Been able to participate because I need an accommodation: _____

Proposed Access or Accommodation: _____

Incident or Barrier:

Please describe the particular way in which you believe you have been denied the benefits of any services, program or activity or have otherwise been subjected to discrimination. Please specify dates, times and places of incidents and names and/or positions of agency employees involved; if any, as well as names, addresses and telephone numbers of any eye witnesses to any such incident. Attach additional pages if necessary. Include a description of the way in which you feel access may be facilitated to the benefits described above or the way in which accommodations could be provided to allow access.

Return this form to:

Eric Carlson, ADA Coordinator
Director of Parks and Recreation
8055 Barbara Avenue
IGH, MN 55077
651-450-2587
651-450-2490 (Fax)
ecarlson@invergroveheights.org