



# ADA Complaint Form

Engineering Department | City of Savage | 6000 McColl Drive, Savage, MN 55378  
Office: 952-224-3419 | Fax: 952-882-2656 | ADAcoordinator@cityofsavage.com

The City has developed a grievance procedure to ensure that accessibility concerns are resolved quickly and fairly, as outlined in the Americans with Disabilities Act (ADA).

## COMPLAINANT (person filing grievance)

Name:		Date: ____/____/____	
Address:		Email:	
City:	State	Zip	
Phone:		Email:	

## PERSON CLAIMING ACCESSIBILITY ISSUE (if different from above)

Name:	Address:
Phone:	Email:

## COMPLAINT

**Where is the location of the problem?** Please include city, street name, intersection (if applicable), facility name and/or location if other than a roadway.


## What efforts have been made to resolve this complaint?

If you have documentation, copies would be helpful. Examples are letters, email messages, written notes, etc.


**Has the complaint been filed with any federal or state agency?** Yes or No

Name of Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Date Filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please attach additional pages if you need more room.

Signature of Complainant: _____	Date: ____/____/____
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**Return to:** Seng Thongvanh, City Engineer  
6000 McColl Dr., Savage, MN 55378  
952-224-3419  
ADAcoordinator@cityofsavage.com