



City of Helena

AMERICANS WITH DISABILITIES GRIEVANCE FORM CITY OF HELENA

Complainant or Representative

Name _____

Address _____

Telephone _____

Complaints filed on behalf of a third party must describe or identify the alleged victims of the discrimination.

Date of Complaint ___/___/____

Name or Address of the Property Containing ADA Violation, if known:

Description of violation, including date first noticed, names of persons responsible, if known:

I understand that making a written false statement that I do not believe to be true constitutes the offense of un-sworn falsification to authorities under §45-7-203, MCA.

Signature of Complainant or Representative

Date

Send to: City of Helena ADA Coordinator
Room 440
316 North Park
Helena, MT 59601