

City of Bellevue Americans with Disabilities Act (ADA) Complaint Form



Instructions:

If you would like to submit an Americans with Disabilities Act (ADA) Complaint Form to the City of Bellevue, please fill out the form below and send it to:

City of Bellevue
Attn: Human Resource Director
P.O. Box 90012
Bellevue, WA 98009-9012

City of Bellevue Use Only		
Received		
Response		
Report		
Briefing		

Your Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Street

City State Zip

City of Bellevue location involved in complaint: _____

When did the incident occur? _____

