## 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	State	Ζίρ		
City of Bellevue location involve	d in complaint:			
When did the incident occur?				
Trici dia die melacifi occur:				

Please describe the incident prompting this complaint. please continue your response on another sheet of page 1	
affirm under penalty of perjury that the information of my knowledge. I understand that all information I poublic record after the filing of this complaint.	•
Signature of Complainant	Date
And/or Signature of Aggrieved Party (if different)	Date

