

City of Emporia Accessibility Grievance Form

The form may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in employment practices and policies or the provision of services, activities, programs or benefits by the City of Emporia.

Complainant's Name: _____

Complainant's Address: _____

Complainant's e-mail address: _____ Phone #: _____

Location of Incident: _____ Date of Incident: _____

Name of Witness(es) and their contact information : _____

Parties Involved in the incident: _____

Description of Problem or Complaint: _____

Signature: _____ Date: _____

Please return completed form to: Patty Gilligan, ADA Coordinator, City of Emporia, 521 Market Street, Emporia, KS 66801, FAX 620-341-4337, Phone 620-343-4291, pgilligan@emporia-kansas.gov

If you need this form in an alternative format such as large print or Braille, please contact the ADA Coordinator.