



**City of Port Orchard  
ADA Complaint / Grievance Form**

Complainant: \_\_\_\_\_

Person Preparing Complaint (if different from Complainant): \_\_\_\_\_

Relationship to Complainant (if different from Complainant): \_\_\_\_\_

Street Address & Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please provide a complete description of the specific complaint or grievance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please specify any location(s) related to the complaint or grievance (if applicable):**

\_\_\_\_\_  
\_\_\_\_\_

**Please state what you think should be done to resolve the complaint or grievance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach additional pages as needed.

Please do not contact me personally.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return to:  
**Debbie Lund**  
**City of Port Orchard-ADA Coordinator**  
**216 Prospect St.**  
**Port Orchard, WA**  
**98366**

Upon request, reasonable accommodation will be provided in completing this form, contact the ADA Coordinator at the address listed above, via telephone (360) 876-7014 or via e-mail at [dlund@cityofportorchard.us](mailto:dlund@cityofportorchard.us).