



**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@portorchardwa.gov.