



CITY OF IDAHO FALLS ADA GRIEVANCE FORM

Contact person: Lisa Farris, ADA Coordinator, Chris Frederickson, Public Works Director; and Ryan Tew, Human Resources Director
680 Park Avenue
Telephone: (208) 612-8323
Fax: (208) 612-8520

Instructions - Please fill out this form completely. Please be as specific as possible, and include the names and contact information of anyone who might have knowledge of the facts regarding the grievance. To help us to address your concerns promptly, please stick to the facts: who, what, when, where, and how. Please attach additional pages, if necessary.
When completed, sign and date this form and return as instructed on Page 2.

Please provide the following:

1. Name of grievant:
2. Address:
3. City, State and Zip Code:
4. Telephone:
5. Email:
6. Preferred method of contact: Telephone, Email, or Text:
7. Details of complaint:

Signature of grievant: _____

Date: _____

If filled out on behalf of person other than person listed above, please provide the following:

1. Name of person filling out this form:
2. Address:
3. City:
4. State:
5. Zip Code:
6. Telephone:
7. Circumstances related to the facts of complaint:
8. Date of incident:
9. Location of incident:
10. Details of complaint:

Signature of person completing form: _____

Date: _____

Return Instructions:

The grievant and/or designee should submit their grievance as soon as possible, but no later than sixty (60) calendar days after the alleged violation to:

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