



City of McCall

CITY CLERK

www.mccall.id.us

ADA/Section 504 Grievance Form

216 East Park Street
McCall, Idaho 83638

Phone 208-634-7142

Fax 208-634-3038

The City of McCall prohibits discrimination against qualified individuals with disabilities in its services, programs, or activities, including federally assisted services, programs, or activities.

Sufficient data should be included to substantiate any claims or charges. Additional supporting documentation may be attached to this form.

Grievant Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____

Other Contact Information

Who else may we call if we cannot reach you? _____

Daytime Phone: _____ Evening Phone: _____

Name, address, and telephone number of the person who was allegedly discriminated against, if different from the person filing the complaint. _____

1. Please describe the alleged act of discrimination that caused you to file this complaint:

2. What date (mm/dd/yyyy) and time did the incident occur?

3. Where did the incident occur?

4. Were there any witnesses to the incident? Yes No

5. If available, please provide the names and contact information for witnesses:

6. How would you like to see this matter resolved?

Name (Please print)

Date

Signature

Please send this form to:

McCall City Clerk
ADA Coordinator – BessieJo Wagner
216 East Park St.
McCall, ID 83638
Phone: 208-634-4874 TTY 1-800-377-3529
Email: bwagner@mccall.id.us