



Americans with Disabilities Act Discrimination Grievance

Please send completed form to the City of Anoka, Attention Public Services Department, 2015 First Avenue, Anoka MN 55303

Note:

Please let us know if any of our crosswalks, sidewalks, and/or intersections are not compliant according to the Americans with Disabilities Act.

Information for the person filling out this form:

First Name

Last Name

Email Address

Phone Number

Street Address

City, State, Zip

Please select the person(s) to reference for this complaint/grievance.

Person Discriminated Against

Myself (the person filling out this form)

Someone else

Both myself and someone else

If someone else involved, please add their information

First Name

Last Name

Email Address

Phone Number

Street Address

City, State, Zip

Complaint/Grievance Information

Please describe your complaint/grievance regarding ADA compliance.

Would you like a response from us?

Yes

No

