

**City of South St. Paul Public Rights of Way
Title II of the Americans with Disabilities Act and
Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form**

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the ADA Coordinator as specified in **Appendix D**. Attach additional sheets if necessary.

Complainant Name:

Street Address:

City, State and Zip Code:

Telephone (Home):

Telephone (Business):

Person Discriminated Against: (if other than the complainant)

Address:

City, State, and Zip Code:

Telephone (Home/Business or Both):

Government, or organization, or institution which you believe has discriminated:

Name:

Street Address:

City:

County:

State and Zip Code:

Telephone Number:

When was the issue discovered/when did the problem occur? (Date):

Describe the issue in detail, providing the name(s) where possible of the individuals who have been contacted. (Add additional pages if necessary):

Have prior efforts been made to resolve this complaint through the grievance procedure?

Yes No

If Yes: what is the status of the grievance?

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes No

If Yes: Agency or Court:

Contact Person:

Street Address:

City, State, and Zip Code:

Telephone Number:

Date Filed:

Do you intend to file with another agency or court?

Yes No

If Yes: Agency or Court:

Address:

Telephone Number:

Signature: -----

Name: -----

Date: -----

Return to:

ADA Coordinator as specified in **Appendix D** of the Transition Plan.

NOTICE OF RIGHTS

In accordance with the Minnesota Government Data Practices Act, Stearns County is required to inform you of your rights as they pertain to the private information collected from you. Your personal information we collect from you is private. Access to this information is available only to you and the agency collecting the information and other statutorily authorized agencies, unless you or a court authorizes its release.

The Minnesota Government Data Practices Act requires that you be informed that the following information, which you are asked to provide, is considered private.

The purpose and intended use of the requested information is:

To assist Stearns County staff and designees to evaluate and respond to accessibility concerns within the public right of way.

Authorized persons or agencies with whom this information may be shared include:

Stearns County officials, staff or designee(s)

Furnishing the above information is voluntary, but refusal to supply the requested information will mean:

Stearns County staff may be unable to respond to or evaluate your request.

MINN. STAT. §13.04(2)