



Title II ADA Complaint Form

In compliance with Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, it is the policy of the City of Sammamish (the "City") to assure that no person with a disability shall be excluded from participation in, be denied the benefits of, or otherwise discriminated against under any of its programs, services, or activities solely based on a disability.

The City will make all reasonable modifications to policies and programs to ensure people with disabilities have an equal opportunity to enjoy its programs, services, and activities. The ADA does not require the City to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Any person who believes their ADA protection has been violated may file a complaint with the Director of Administrative Services by the following methods:

Email: HR@sammamish.us

Phone: 425-295-0500

Mail:

City of Sammamish

Attn: Director of Administrative Services

801 228th Avenue SE

Sammamish, WA 98075

Please answer the following questions:

Name

--	--

Complainant's Last Name (surname)

Complainant's First Name

Email

--

Complainant's Email

Address

--

Complainant's Street Address

--

Address Line 2

--

City

--

State

--

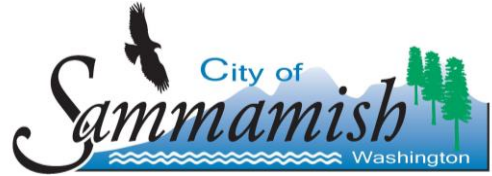
Postal / Zip Code

Phone

--	--

Complainant's Home Phone Number

Complainant's Cell Phone Number



Title II ADA Complaint Form

Complainant's Designee Information (if applicable)

--	--

Complainant's Designee Last Name (surname)
(if applicable)

Complainant's Designee First Name
(if applicable)

--	--

Complainant's Designee Home Phone Number
(if applicable)

Complainant's Designee Cell Phone Number
(if applicable)

--

Complainant's Designee Email Address (if applicable)

Nature & Location of Complaint

My complaint is:

(Please be specific and provide as much information as possible, including the date, time, location, and names of any people who were present.)



Title II ADA Complaint Form

Nature & Location of Complaint (continued)

This is what I think should be done:

Washington State Public Records Act

I acknowledge that my submission along with all other written communication and documents shared with members of the city council, city commissioners, or city staff are public records and may subject to disclosure upon request.

By signing this form, I acknowledge receipt of the Washington State Public Records Act Open Records Notification and affirm my signature on this complaint.

Signature

Complainant's Signature

Date

Thank you for submitting your comments.

A notice of receipt will be sent to the complainant by email, read receipt requested, or by certified mail, return receipt requested, within five (5) business days.