

City of Lauderdale, MN ADA Grievance Form

Instructions: Please fill out this form completely and submit to:

Heather Butkowski
Lauderdale City Administrator
1891 Walnut Street
Lauderdale, MN 55113

Or it can be e-mailed to: heather.butkowski@lauderdalemn.org

Complainant – person filing grievance:

Name: _____ Date _____

Address: _____ City, State, Zip Code: _____

Home: _____ Cell: _____

Work: _____ Email: _____

Representing – person claiming an accessibility issue or alleging an ADA violation (if not the complainant):

Name: _____

Address: _____ City, State, Zip Code: _____

Home: _____ Cell: _____

Work: _____ Email: _____

Description and location of the alleged violation and the nature of a remedy sought.

If the complainant has filed the same complaint or grievance with the United States Department of Justice (DOJ), another federal or state civil rights agency, a court, or others, the **name of the agency or court where the complainant filed it and the filing date**.

Agency or Court: _____ Contact Person: _____

Address: _____ City, State, Zip Code: _____

Phone Number: _____ Date Filed: _____