Title II of the Americans with Disabilities Act
City of St. Louis Internal Grievance Procedure

Instructions: Sign and return original **with signature** to:

Office on the Disabled
City of St. Louis
City Hall, Room 30
1200 Market Street
St. Louis, Missouri 63103

Please fill out this form completely.

This information will be held in confidence unless instructed otherwise by you.
Please note that this grievance procedure is for facilities, services and programs owned and or operated by the City of St. Louis.

Your name (*complainant*): _____ **Telephone numbers**:

Address: _____ *Home*: _____

_____ *Work*: _____

_____ *Cell*: _____

E-mail address: _____

Reason for grievance/compliant, or why you feel you have been discriminated against. Please be specific and provide as much information as possible i.e. location, date, time, names etc. (*Attach additional sheets as needed.)*

_____

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Your signature: _____

Date: _____

If you have questions about this form, need an accommodation, or a different format, please contact Office on the Disabled at 314-622-3686 or email newburgerd@stlouiscity.com

Please allow us 15 business days to investigate and respond to your complaint.