



**CITY of BOISE**  
ADA COMPLIANCE

**ADA/SECTION 504 GRIEVANCE FORM**

THE CITY OF BOISE PROHIBITS DISCRIMINATION AGAINST QUALIFIED INDIVIDUALS WITH DISABILITIES IN ITS SERVICES, PROGRAMS, OR ACTIVITIES, INCLUDING FEDERALLY ASSISTED SERVICES, PROGRAMS, OR ACTIVITIES.

SUFFICIENT DATA SHOULD BE INCLUDED TO SUBSTANTIATE ANY CLAIMS OR CHARGES.  
ADDITIONAL SUPPORTING DOCUMENTATION MAY BE ATTACHED TO THIS FORM.

Grievant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**OTHER CONTACT INFORMATION**

Who else may we call if we cannot reach you? \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name, address and telephone number of the person who was allegedly discriminated against,  
if different from the person filing the complaint.

\_\_\_\_\_

1. Please describe the alleged act of discrimination that caused you to file this complaint?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What date (mm/dd/yyyy) and time did the incident occur?

\_\_\_\_\_

3. Where did the incident occur?

\_\_\_\_\_

\_\_\_\_\_

4. Were there any witnesses to the incident?\_\_\_\_\_

\_\_\_\_\_

5. If available, please provide the names and contact information for witnesses:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How would you like to see this matter resolved?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PLEASE SEND THIS FORM TO:**

Community Accessibility Program Manager

625 W. Idaho Street,

Boise, ID 83702

Phone: 208-972-8573

TTY: 1-800-377-3529

Email: [accessibility@cityofboise.org](mailto:accessibility@cityofboise.org)