City of Lake Forest Park

Grievance Procedure under the Americans with Disabilities Act

(Adopted September 2025)

This Grievance Procedure is established to comply with the Americans with Disabilities Act of 1990, as amended (ADA). It can be used by anyone who wants to file a complaint alleging discrimination based on disability in the provision of services, activities, programs, facilities, or benefits by the City of Lake Forest Park. These procedures do not apply to employment-related disability discrimination complaints. Using these procedures is not required before pursuing other remedies, such as filing a complaint with the U.S. Department of Justice.

Filing a Complaint

If you believe you have been subjected to unlawful discrimination based on a disability, submit a written complaint or complete the ADA Grievance Form as soon as possible, but no later than 60 calendar days after the alleged violation.

The ADA Grievance Form or written complaint may be submitted to:

City of Lake Forest Park – City Clerk's Office
17425 Ballinger Way NE
Lake Forest Park, WA 98155
Phone: (206) 368-5440
TTY: Washington Relay 7-1-1
Hours: Monday–Friday, 9:00 a.m. to 5:00 p.m.

Alternative means of filing complaints, such as personal interviews or audio/video recordings, will be made available for persons with disabilities upon request to the ADA Coordinator.

Complaint Information

The written complaint should include, if applicable:

- Name, address, and contact information of the person alleging discrimination
- Name and contact information of the complainant's representative, if any
- Description of the service, activity, program, facility, or benefit alleged to be inaccessible
- Date and location of the incident that led to this grievance
- City department and/or personnel involved

Processing the Complaint

• Within 15 calendar days after receipt, the City's ADA Coordinator or designee will meet with the complainant to discuss the complaint and potential resolutions.
• Within 15 calendar days of the meeting, the ADA Coordinator or designee will respond in writing, or in an accessible format if required. The response will explain the City's position and present options for resolution.

Appeal

If the complainant is not satisfied with the response, they may request reconsideration within 15 calendar days of receiving it. Appeals should be submitted in writing to the City Administrator.

• The City Administrator will meet with the complainant to review the matter within 15 calendar days of receiving the appeal.
• The City Administrator will issue a written decision, or in an accessible format if required, within 15 calendar days of the meeting. This decision is final.

Recordkeeping

All written complaints received and responses issued by the City ADA Coordinator and/or City Administrator will be retained by the City of Lake Forest Park for at least six (6) years.

Appendix A

ADA Complaint Form – City of Lake Forest Park
Americans with Disabilities Act of 1990, 42 USC § 12101
Washington's Law Against Discrimination, Chapter 49.60 RCW

Complainant Contact Information:
Name: _____

Street Address/City/State/Zip: _____

Work Phone #: _____ Home/Cell #: _____ Message #:
_____

Email Address: _____

Additional Mailing Address (if applicable):
_____

Aggrieved Party (if different from complainant):
Name: _____

Street Address/City/State/Zip: _____

Phone #: _____ Email: _____

Relationship to Complainant: _____

Incident Information:
Department or Agency (if known): _____

Address/Location (if known): _____

Date(s) of Incident: _____

Primary Type of Disability: _____

Statement of Complaint: (Explain clearly what happened, who was involved, and where it happened. Attach additional sheets if needed.)

City Staff Contacted (if any):
_____

Witnesses:
_____

Other Complaints or Lawsuits Filed (if any):

_____

Resolution Sought:

_____

I affirm that the foregoing information is true to the best of my knowledge and belief. I understand that all information becomes a matter of public record after the filing of this complaint.

Complainant Signature: _____ Date: _____

Aggrieved Party Signature: _____ Date: _____