

**Title II of the Americans with Disabilities Act
Discrimination Complaint Form**

SIDEWALK OR PEDESTRIAN RAMP WITHIN PUBLIC ROAD RIGHT OF WAY

Instructions: Please fill out this form completely and return to the City of Hastings
John Caven, Assistant City Engineer, 1225 Progress Dr, Hastings MN 55033
jcaven@hastingsmn.gov
651.480.2334

Date _____

Complainant Contact Information

Name _____

Address _____

Phone (_____) _____

Email _____

Preferred method to be contacted _____

Best approximate time of day to be contacted _____

Complaint (Please Describe):

Location:

To better understand the issue, the City of Hastings will make every attempt to contact (and meet when appropriate) complainant within 15 days of receipt of this form. The City of Hastings will respond in writing to complainant within an additional 15 days to explain position and offer options for substantive resolution of the complaint.