



**City of Winchester
Grievance Form
Discrimination Based on Disability**

It is the Policy of the City of Winchester to provide assistance in completing this form. If assistance is needed, please contact City Hall.

Name of Complainant: _____

Name of Complainant's Representative: _____

Complainant's Address: _____

Street

City

State

Zip Code

Telephone Number: _____

Home

Cell

Work

TDD

Representative's Phone Number (s)

Best time and means for contacting Complainant: _____

Best time and means for contacting Representative: _____

If necessary, use additional paper to describe your response to the following:

Program, service, or activity to which access was denied or in which alleged discrimination occurred: _____

Nature of Discrimination: _____

Date of alleged discrimination: _____ Today's Date: _____

Resolution requested: _____

I certify that I am qualified or otherwise eligible to participate in the program, service or activity and the above statements are true to the best of my knowledge and belief.

Signature of Complainant: _____ Date: _____

Signature of Representative: _____ Date: _____