

City of Leavenworth, Kansas
Americans With Disabilities Act Grievance Form

Name: _____

Address: _____

Phone Number: _____

E-mail address: _____

Location of problem: _____

Date noticed: _____

Description of problem:

Please attach additional pages if needed.

The complaint should be submitted by the grievant and or his/her designee as soon as possible, but no later than 60 calendar days after the alleged violation to:

City Manager Paul Kramer
100 N. Fifth Street
Leavenworth, KS 66048