



City of Apache Junction ADA and Civil Rights Grievance Form

Date filed:

Complainant Information

Name:

Address:

City:

Zip code:

Phone:

Email:

Preferred contact:

Designee Information (if applicable)

Name:

Address:

City:

Zip code:

Phone:

Email:

Preferred contact:

Details of Complaint

Date of incident (must be filed within 30 days of incident):

Location of incident:

City department/employee you spoke with:

Complaint description - Provide a brief summary of the situation regarding the ADA or Civil Rights complaint. Please provide names and detailed information:

Please submit to:
City of Apache Junction
ADA and Civil Rights Coordinator
300 East Superstition Blvd.
Apache Junction, Arizona 85119

Phone: (480) 474-2635
TDD: (480) 983-0095
Email: adacoordinator@ajcity.net