



GRIEVANCE/COMMENT FORM FOR PUBLIC ACCOMMODATIONS

This form shall be used by anyone wishing to submit comments or file a grievance alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Kansas Department Wildlife and Parks (KDWP). This form should be submitted in writing no later than **sixty (60) calendar days** after the alleged violation to:

Stuart Schrag, ADA Coordinator
Kansas Department of Wildlife and Parks
512 SE 25th Ave
Pratt KS 67124

Alternate means of filing complaints will be made available upon request.

Within fifteen (15) calendar days after receipt of the complaint, the ADA Coordinator or his designee will meet with the complainant to discuss a possible resolution. A written response will be provided to the complainant within fifteen (15) days of meeting.

PLEASE TYPE OR PRINT

Today's Date: _____

Your Name: _____

Address: _____ Apt No: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Please provide the following regarding your complaint:

Location of Public Accommodation where alleged violation occurred:

Date of Occurrence: _____

What Happened?

Please list any witnesses, who can provide additional information or evidence relating to this complain.

Witness #1 Name:

Address: _____ Apt. # _____

Phone Number: _____ Email: _____

Witness #2 Name:

Address: _____ Apt. # _____

Phone Number: _____ Email: _____

Witness #3

Name:

Address: _____ Apt. # _____

Phone Number: _____ Email: _____

Additional Information:

ADA Transition Plan Comments:

AFFIRMATION

The information provided in this form is true and accurate to the best of my knowledge.

Signature: _____