



Americans with Disabilities Act
Discrimination Complaint Form

Instructions: Please fill out this form completely. Sign and return to the ADA Coordinator, Rob Reygers, 231 NE 5th Street, McMinnville, OR 97128 or email to Access@mcminnvilleoregon.gov

Name of Complainant:

Address:

City, State and Zip Code:

Phone/Email:

Individual(s) Discriminated Against:

Address:

City, State and Zip Code:

Phone/Email:

Alleged Violations (Include details of occurrence, dates and individuals/departments involved):

Requested Action by the City to Correct:

Has a Complaint been filed with any Federal/State agency? Yes No

If yes, name of agency and date filed:

Signature of Complainant:

Date: