

Pine County, MN Americans with Disabilities Act Grievance Form

Fill out form and submit to:

ADA Title II Coordinator

Name: Jackie Koivisto
Address: 635 Northridge Drive
Pine City, MN 55063
Phone: (320) 591-1622
Fax: (320) 591-1628
E-mail: Jackie.koivisto@co.pine.mn.us

Person submitting grievance form:

Name: _____ Date (of submitting this form): _____

Home Address: _____

Phone: _____ Email: _____

Person alleging accessibility issue (if different from person submitting the grievance).

Name: _____

Home Address: _____

Phone: _____ Email: _____

Please include location, approximate time, date, and description of the alleged issue:

If this complaint has also been filed with another agency or court please provide:

Agency or Court: _____ Contact Person: _____

Address: _____

Phone: _____ Date submitted: _____