

Americans with Disabilities Act Title II Grievance Form

Today's Date: _____

Complainant Name: _____

Address: _____

City, State, Zip: _____

Telephone and email: _____

Individual discriminated against (if other than complainant):

Name: _____

Address: _____

City, State, Zip: _____

Telephone and email: _____

Alleged violation: Date(s) of occurrence: _____

Describe violation and City Department involved: _____

What efforts have been made to resolve this complaint using the internal grievance procedures of the City Department?

If you have documentation, copies would be helpful. Examples are letters, email messages, written notes, etc.

Has complaint been filed with State or Federal Agency? Yes _____ No _____

Name of Agency: _____ Date Filed: _____

Contact Person: _____

TENNESSEN WARNING

The data you supply on this form will be used to process the ADA grievance you are submitting. You are not legally required to provide this data, but we will not be able to process the ADA grievance without it. The data will constitute a public record if and when the ADA grievance is submitted.

Signature: _____

Date: _____