

# **ADA Grievance Form**

Date: \_\_\_\_\_

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone and email: \_\_\_\_\_

## **Alleged Violation**

Date (s): \_\_\_\_\_

Approximate Time of Occurrence: \_\_\_\_\_ AM/PM

**Detailed Description of Violation and City Department Involved (attach additional documentation if needed):**

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**Requested Action by City to Correct Violation:**

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**Has complaint been filed with State or Federal Agency:** \_\_\_\_ Yes \_\_\_\_ No

Name of Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**If there are witnesses, please list names and addresses separately.**