

GRIEVANCE FORM

Complainant Information	
Name:	
Address:	
Daytime Phone:	
Email:	
Location Information:	
Address (if known) or intersection:	
Location Description:	
Nature of Grievance:	
<input type="checkbox"/> Sidewalk, Ramp	
<input type="checkbox"/> Crosswalk, Pedestrian Signal	
<input type="checkbox"/> Building Access	
<input type="checkbox"/> Programming	
<input type="checkbox"/> Other	
Describe the Grievance/Complaint/Problem:	
Date of Incident, If Applicable:	
Has the complaint been filed with the Department of Justice or another federal or state civil rights agency or court? (<input type="checkbox"/> Yes/ <input type="checkbox"/> No)	
If a complaint has been filed, name the agency or court where the complaint was filed, and the date the complaint was filed.	

FOR LOCAL/ADA COORDINATOR'S USE ONLY

Date Received by ADA Coordinator	
Date of Initial Contact with Grievant	
Date of Meeting or Site Visit	
Date Assigned to Department Head/Who	
Date Returned from Department	
Date ADA Coordinator's Decision Mailed	
Date Appeal Received by City's ADA Compliance Committee	
Date on Board of Public Works and Safety Agenda	
Date of Board of Public Works and Safety Decision	