

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, Services	
<input type="checkbox"/> Other	
Describe the Grievance/Complain/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 Clerk Treasurer's Office	
Date on Board of Public Works & Safety Agenda	
Date of Board of Public Works & Safety Decision	