

**City of Arlington
Disability Discrimination of Accommodation
Grievance Form**

It is the policy of the City of Arlington, to provide, when possible, all citizens equal access to programs, services, and activities sponsored by the City. This form is for you to be able to let us know of an alleged denial of access into our programs, services or activities, or alleged denial of a requested accommodation for equal ability to fully participate in our programs, services or activities. Should you need assistance in filling out this form please contact the City ADA Coordinator at 817-459-6100 (voice), 817-459-6116 (facsimile) or email to Bob.Byrd@arlingtontx.gov

Your Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____
 Telephone Number: (____) _____ Email: _____

Were you refused admittance or participation in a program, service or activity due to your disability?	<u>Yes</u>	<u>No</u>
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If Yes please fill out the next set of questions

Date Attending	Name of Program, Service or Activity
Date entrance into the program, service or activity was denied:	
Name of person denying you entrance:	
Reason given for denying you entrance:	

City of Arlington, Texas

Other Information you feel we should know:
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Were you denied an accommodation you requested for a program, service, or activity?	<u>Yes</u>	<u>No</u>
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If Yes please fill out the next set of questions

Date Attending	Name of Program, service or activity
Accommodation requested?	
Date you were denied the accommodation:	
Person who denied you the accommodation:	
Reason given for denying the accommodation:	
Estimated cost of the accommodation if you know:	
Why was the accommodation needed for this program, service or activity?	

City of Arlington, Texas

If another accommodation could have provided you equal access please describe here:		
Did you suggest the other accommodation?	<u>Yes</u>	<u>No</u>
What reason was given for denying this accommodation?		
Other information you feel we should know:		

Should you have additional information or need additional space to describe your grievance please attach those sheets to this form.

I _____ certify that I am qualified or otherwise eligible to participate in the program, service or activity with or without a reasonable accommodation and that the above statements are true to the best of my knowledge and belief.

Your signature

Date

Please forward to:

City of Arlington
ADA Coordinator, City Manager's Office
101 W. Abram St., MS 01-0300
Arlington, Texas 76010

OFFICE USE ONLY	Date Received:	By:
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