ADA Grievance Form

Grievances submitted by an individual alleging discrimination under the ADA must be submitted directly to the ADA Coordinator no later than **60 calendar days** after the occurrence of the alleged incidents of discrimination. Grievances may be submitted on this form, in another written format, online, or in person.

Upon request, this form will be made available in an alternate format. If you require assistance completing this form, or to request an alternate form, please contact the ADA Coordinator.

ADA Coordinator
101 W. Abram St. MS 01-0220
Arlington, TX 76010
Phone: 817-459-6550
Fax: 817-459-6535
ADACoordinator@arlingtontx.gov

CONTACT INFORMATION

Name: _____

Mailing Address: _____

Phone: _____   Fax: _____

Email: _____   Preferred contact method: _____

PERSON(S) ALLEGEDLY DISCRIMINATED AGAINST
(IF OTHER THAN THE COMPLAINANT)

Name: _____

Mailing Address: _____

Phone: _____   Fax: _____

Email: _____   Preferred contact method: _____

DETAILS OF ALLEGED DISCRIMINATION

Date of Incident: _____   Time of Incident: _____

Location of Incident (park, facility name, or address: _____

_____

_____

If the incident involved a City of Arlington employee(s), his/her name(s): _____

_____

ADA Grievance Form

Describe your grievance: _____

_____

_____

_____

_____

_____

Name(s) and contact information of witnesses: _____

_____

_____

If the grievance is being filed on behalf of another person, or group of people, all the complainant(s) should be described or identified by name, if possible: _____

_____

_____

State the resolution requested for the grievance: _____

_____

_____

_____

_____

_____

_____   _____
Complainant Signature   Legally Authorized Representative

For City Use Only

Date ADA Coordinator received grievance: _____

City response: _____

_____

_____

_____

_____