 City of Denison

 Americans with Disabilities Act (ADA) Grievance Form

Title II of the Americans with Disabilities Act

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| Name of Grievant: |  |
| Address of Grievant:  |  |
| Person preparing Grievance (if different from Grievant): |  |

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| --- | --- | --- | --- |
| Telephone: |  | Email: |  |

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| Nature of Grievance  |

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| Provide the date(s) the incident occurred:  |  |
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| Please give a brief description of the basis of your grievance. Include in your description the service, activity, program, or benefit you believe your access has been denied or any other manner you contend you have been subjected to disability-based discrimination. Please also provide in your description the time and place the incident occurred as well as the names, addresses, and telephone numbers of any and all persons who may have witnessed or been involved in the act or basis of your grievance. (Attach additional information, if needed):  |
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| Please state your suggested outcome for resolution of your grievance: |
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| Signature of Grievant: |  | Date:  |  |
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| --- | --- |
| Printed Name : |  |

**Grievances shall be submitted online or in writing to the ADA Coordinator:** |
| Christine Wallentine ADA Coordinator300 W Main StreetDenison, TX 75020 |

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| **Office Use Only**  |
| Received By:  |  | Date:  |  |