

AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

GRIEVANT INFORMATION

Grievant:
Address:
City:
State:
Zip Code:
Home Phone:
Other Phone:

Person Alleging Violation of the Title II (if other than grievant above)

Name:
Address:
City:
State:
Zip Code:
Home Phone:
Other Phone:

Person or Location (Office) Alleged to be in Violation

Name:
Address:
City:
State:
Zip Code:
Phone:
Date the Violation Occurred:
Description of Violation:
Has the case been filed with DOJ or other government agency or court?

Section B (If you answered YES on the previous question)

Agency of Court:

Contact Person:

Address:

City:

State:

Zip Code:

Phone:

Date Filed:

Other Comments:

Signature _____

Date _____