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): ___________

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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: ________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________