



City of Fate

AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE FORM

Title II of the American with Disabilities Act

Name of Grievant: _____

Address of Grievant: _____

Person preparing Grievance
(if different from Grievant): _____

Telephone: _____ Email: _____

Nature of Grievance

Provide the date(s) the incident occurred: _____

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):

Please state your suggested outcome for resolution of your grievance:

Signature of Grievant: _____ Date: _____

Printed Name : _____

Grievances shall be submitted online or in writing to the ADA Coordinator:

ADA Coordinator
Steve Gilbert
1900 CD Boren Parkway
Fate, TX 75087

Office Use Only

Received

By: _____ Date: _____