



## CITIZEN ACCESSIBILITY GRIEVANCE FORM

### Person(s) Filing Grievance

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Description of Grievance

**Please describe the accessibility complaint - Indicate information about the alleged discrimination, including but not limited to: location(s) of problem(s), date of problem(s) and description of the problem(s): (*Attach more sheets if needed*)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Requested Resolution of Grievance

**Please state what or how you feel the grievance may be resolved:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Citizen's Signature

\_\_\_\_\_  
Today's Date

### Designee or Person Authorized to file on Behalf of the Aggrieved Individual

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_