



ADA Grievance Form

Please complete this form and submit to the City ADA Coordinator as soon as possible, but no later than 60 calendar days after the alleged violation. If you would like to request an alternate means of filing your complaint, please contact the City ADA Coordinator for assistance.

TYPE OF GRIEVANCE (CHECK ALL THAT APPLY):

Accommodation Request

Program/Service

Facility Accessibility

Other: _____

HAS YOUR GRIEVANCE BEEN FILED WITH ANY OTHER GOVERNING AUTHORITY OR AGENCY?

Yes Name of governing authority or agency: _____

Date Filed: _____

No

CONTACT INFORMATION

Name _____

Address _____

City, State, Zip Code _____

Phone Number _____

Alternate Phone Number _____

Email Address _____



DETAILS OF COMPLAINT/INCIDENT

Date/Time of Incident _____

Facility/Location Involved _____

Describe the Incident/Complaint _____

(Add Additional Pages if Necessary)

HAVE ATTEMPTS BEEN MADE TO RESOLVE THE COMPLAINT THROUGH A CITY DEPARTMENT?

_____ YES _____ NO

If Yes, please describe _____

WHAT REMEDY ARE YOU SEEKING? _____

PLEASE SUBMIT TO: Al Jones
City ADA Coordinator
4 Court Square
PO Box 552
Alexander City, AL 35011-0552
256-329-6708
Al.jones@alexandercityal.gov