

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
408 S Rogers St.
Waxahachie, TX 75165
Phone: 469-309-4000
ADACoordinator@waxahachie.com

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): _____

Continued next page

Describe your grievance:

Name(s) and contact information of witnesses:

State the resolution requested for the grievance:

Complainant Signature

Date

FOR CITY USE ONLY

Date ADA Coordinator received grievance: _____

City Response: _____