



OFFICE USE ONLY
DATE COMPLAINT OPENED: _____
DATE COMPLAINT CLOSED: _____

CITY OF FATE, TEXAS

TITLE II ADA GRIEVANCE FORM

The City of Fate ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format, please contact Steve Gilbert, ADA Coordinator, at 972-771-4601.

Instructions: Please complete and sign the form and email or mail it to the City within 60 calendar days of any incident to:

ADA/504 Coordinator – Steve Gilbert

Physical address:

Steve Gilbert, ADA/504 Coordinator
Director
1900 C.D. Boren Parkway
Fate, TX 75087

Phone: 972-771-4601
Email: sgilbert@fatetx.gov

1. Type of Grievance (check all that apply):

☐	Accommodation Request
☐	Program/Service
☐	Facility Accessibility
☐	Other: _____

CONTACT INFORMATION

2. Reporting Individual:

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

3. Authorized Representative of Reporting Individual (if any):

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

DETAILS OF COMPLAINT / INCIDENT

4. Date/Time of Incident: _____

5. Department/Facility/Location Involved:

6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:

7. Have attempts been made to resolve the complaint through a City Department? If yes, please describe the efforts that have been made.

8. Remedy Sought. What action do you want taken?

Signature

Date

Attach additional pages as necessary. If you need assistance, require an accessible format, or have questions about this form, please contact the City's ADA/504 Coordinator at:

Physical address:

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