



**AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE FORM**  
**TITLE II of the Americans with Disability Act Section 504 of the Rehabilitation Act of 1973**

Name of Complainant: \_\_\_\_\_

Name of Agent/Representative: \_\_\_\_\_

Address of Complainant: \_\_\_\_\_

Telephone of Complainant: (\_\_\_\_) \_\_\_\_\_ Email of Complainant: \_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF GRIEVANCE**

This grievance relates to a City of Euless service \_\_\_\_\_, activity \_\_\_\_\_, program \_\_\_\_\_, benefit \_\_\_\_\_, practice \_\_\_\_\_, or policy \_\_\_\_\_.

Provide the date(s) the incident occurred: \_\_\_\_\_

\_\_\_\_\_

Which City of Euless Department, if any, is alleged by you to have failed compliance to the ADA law?

City Department: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Identify the names of all City of Euless agents, representatives or employees, if any, whom you contend were involved. (Use additional paper if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

