



The City of Edmond, Oklahoma Grievance Form
For Americans with Disabilities Act Title II

TO: Phil Jones, ADA Coordinator
City of Edmond, Oklahoma

DATE: _____

FROM: _____
(Printed Name)

(Printed Street Address)

(Printed City, State and Zip Code)

(Day) _____ (Evening) _____ (Fax) _____

Email Address: _____

SUBJECT: Grievance under Title II of the Americans with Disabilities Act
(Please print, fill out the form completely and return to the address listed.)

1. Date of Occurrence: (On or about what date did the subject of the grievance occur?) _____

2. Location: (Where did the act or event causing this grievance occur?)

3. Statement of Grievance: (Describe the act(s) and attach any supporting documentation pertinent to this claim) _____

4. Name(s) for the City Department(s) involved in this grievance claim.

5. State the nature of your disability and the reasonable accommodation you believe should be provided to you to resolve this grievance. _____

6. Has the complaint been filed with the City of Edmond ADA Coordinator or the Federal Department of Justice, or any other State of Federal agency or court?

Yes

No

If yes, what is the status of the grievance?

If yes:

Agency or Court: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Date Filed: _____

7. Do you intend to file with another agency or court?

Yes

No

If yes:

Agency or Court: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

I hereby certify that the above is a true and correct statement of my grievance under Title II of the Americans with Disabilities Act

(Grievant's Signature)

(Date)

If a person other than above Grievant completed this form, give the name, address, phone number, and relationship of the person completing this form:

Return this form to: City of Edmond ADA Coordinator
Planning Department
10 S Littler Ave
Edmond, OK 73034

(Please allow 15 days for a response to this grievance)

For City use only

Date Received by City ADA Coordinator _____