



ADA Grievance Form

COMPLAINANT INFORMATION	
Person Completing Form (please choose one)	<input type="checkbox"/> Complainant
	<input type="checkbox"/> Authorized Representative
Name:	Date of Complaint:
Email:	Phone:
Mailing Address:	

ALLEGED VIOLATIONS	
Date(s) Occurred:	Location:
Please describe the details of the complaint (attach additional pages if necessary):	

REQUESTED ACTION
Please describe what action or accommodation would improve access to the program, facility, park, or trail described in the complaint:

SIGNATURE
Complainant:
Date: