



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): _____
