



ADA Grievance Form

Instructions: Please complete and sign the form and submit it within sixty (60) business days of any incident to the City of Early's ADA Coordinator:

City of Early
Attn: Brenda Kilgo, ADA Coordinator
960 Early Blvd
Early, TX 76802
Phone – (325) 643-5451
Fax –
Email – bkilgo@earlytx.net

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:
Email:

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

Full Name:
Address:
City, State, Zip Code:
Phone:
Email:

DETAILS OF COMPLAINT/INCIDENT

4. Date and 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?

Yes No 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 ADA Coordinator for the City of Early listed on the front page of this form.