



Americans with Disabilities Act (ADA) Grievance Procedure Form
Alleged Discrimination Due to Disabilities

If you need to request an accommodation, please use Request for Accommodation Form.

If you believe that you were denied accommodation to a City facility, program or service due to a disability, please complete this form and submit to:

City of Troy
City Clerk
Attn: ADA Grievance
800 Cap Au Gris
Troy, MO 63379

If you need assistance in completing this form or an alternative format, please contact the ADA Coordinator at (636) 462-7609. The City will assist with completion of the grievance form upon request.

Complainant Contact Information

_____ NAME		_____ ADDRESS LINE 1
_____ WORK PHONE	_____ PERSONAL PHONE	_____ ADDRESS CITY, STATE, ZIP
_____ E-MAIL		_____ PREFERRED METHOD OF CONTACT

Accessibility Issue

Please answer the following questions as completely as possible. The person designated as the ADA Coordinator will contact you within 15 days of receipt of this form to discuss.

FACILITY, DEPARTMENT, PROGRAM OR SERVICE ALLEGED TO BE INACCESSIBLE

_____ WHEN DID THE SITUATION OCCUR? (DATE)	_____ NAME OF STAFF
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1) Describe the situation or way in which the facility, department, program or service is not accessible. (Use additional paper to describe your observations, if necessary)

2) Have you contacted anyone in the Department involved to resolve this issue directly with staff of the facility, program or service? NO ____ YES ____, Date _____

3) Did you file a formal written complaint? NO ____ YES ____

4) Did you talk with a staff member? NO ____ YES ____

If yes, to whom did you provide written complaint or with whom did you speak?

5) If you tried to resolve the matter directly with the staff of the facility, program or service what were the results of your contact?

6) Have you filed a FORMAL complaint about this with any other government agency?

NO ____ YES ____, Name of agency: _____

7) How do you suggest this issue be resolved? _____

Signature

Date