

# City of Alamosa

## ADA GRIEVANCE FORM

Today's Date:

Complainant's Full Legal Name:

Address:

City, State, Zip:

Telephone and Email:

Legal Name of Individual Allegedly Discriminated Against if Different than

Complainant's:

Address:

City, State, Zip:

Telephone and Email:

Alleged Violation:

Date(s) of Occurrence:

Description of Alleged Violation and City Department Involved (please attach additional pages or use back of form if more space is needed):

Requested Action by City to Correct Alleged Violation:

Has Complaint been Filed with State or Federal Agency: \_\_\_\_ Yes \_\_\_\_ No.

Name of Agency: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_

Date Signed: \_\_\_\_\_