

## CITY OF SANFORD

### AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE FORM

Today's Date: \_\_\_\_\_

Name of Grievant: \_\_\_\_\_

Address of Grievant: \_\_\_\_\_

Telephone Number of Grievant: \_\_\_\_\_

Alternate Contact (Name, Address, Telephone): \_\_\_\_\_

Agency alleged to have denied access:

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Location: \_\_\_\_\_

Date access was denied: \_\_\_\_\_

Disability Statement:

My disability is: \_\_\_\_\_

This problem is:    Temporary    Permanent

Program, service, or activity access sought: \_\_\_\_\_

Proposed Access or Accommodation: \_\_\_\_\_

Incident or Barrier Description: \_\_\_\_\_

\_\_\_\_\_

Submit by email, or mail to:

**Email:** van.dowdy@sanfordnc.net

**Mail :**

Van Dowdy

Risk Manager

City of Sanford

PO Box 3729

Sanford, NC 27331-3729

**Office: 919-718-4651 x3**