

AMERICANS WITH DISABILITIES ACT – Grievance Form

**CITY OF GROVE, OK
ADA Grievance Form**

Type of Complaint: _____ Complaint No. _____

Facility _____ Program _____ Sidewalk _____ Curb-Cut _____ Other _____

Department/Program: _____

Complainant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Cell : _____

Person Discriminated Against: (if other than the complainant) _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____ Cell: _____

When did the discrimination occur? Date: _____

Where did the discrimination occur? _____

Provide the name(s) where possible of the individuals who discriminated against you.

Complaint Details: (please include photos if available):

Complainant's Signature

Date

Incomplete or illegible information may delay the process.

Please keep a copy for your files.

Return the original to:
ADA Compliance Officer
City of Grove
104 W. 3rd Street
Grove, OK 74344

Note: For assistance with this process, please contact City Hall, 918-786-6107.

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FOR CITY OF GROVE ADA COMPLIANCE OFFICER USE ONLY

Schedule of Events for this Complaint:

Complaint was received: _____ ¹	Team Response: _____ ⁵
Investigation began: _____ ²	Appeal: _____ ⁶
Meeting with Complainant: _____ ³	Meeting w/City Manager: _____ ⁷
Recommendation to Team: _____ ⁴	City Manager’s Response: _____ ⁸

Describe Investigation Performed:

Describe Action Taken:

If request was denied, list reasons for denial*: _____

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Grievance was completed and file closed on _____.

Compliance Team Members

ADA Compliant Officer

Date

HR Director

Date

City Attorney

Date

City Treasurer

Date

Buildings and Grounds Superintendent

Date