

ADA Grievance form

Is this request related to a disability? Yes No

Incident Information

When did the incident happen?

MM-DD-YYYY

You have 14 days to report a grievance

Where did the incident take place? _____

The name of the Township program, service, or activity where you need a change

If you have an address where the incident took place, please provide it here

Street Address _____

Street Address line 2 _____

City _____ State _____ Postal/Zip Code _____

Tell us about the incident and your concerns

What outcome are you seeking?

Have you already filed a grievance for this issue?

Yes No

Was anyone with you when the incident occurred?

Yes No

Provide any other information related to your request

ADA Grievance Form

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Your Information

Name

First Name _____ Last Name _____

Email address _____

Home Address

Street Address _____

Street Address line 2 _____

City _____ State _____ Postal/Zip Code _____

Phone Number/TTP

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