

The City of Nichols Hills
Grievance Form
For the Americans with Disabilities Act
Title II

TO: Lindy Stormont, ADA Coordinator

City of Nichols Hills

DATE: _____

FROM: _____
(Printed Name)

(Printed Street Address)

(Printed City, State and ZIP Code)

(day) _____ (evening) _____ (fax) _____
(Print Phone Numbers and Fax Number)

Email Address: _____

SUBJECT: Grievance under Title II of the Americans with Disabilities Act

1. Date of Occurrence: (On or about what date did the subject of the grievance occur?)

2. Location: (Where did the act or event causing this grievance occur?)

3. Statement of Grievance: (You may attach an additional page(s), if necessary)

4. Name(s) and Department(s) of any City employee(s) against whom you are complaining.

5. List the name, address, and phone number of any persons who were witnesses to the act or event of which you are complaining.

6. State the nature of your disability and the reasonable accommodation you believe should have been provided to you to resolve this grievance.

I hereby certify that the above is a true and correct statement of my grievance under Title II of the Americans with Disability Act.

(Grievant's signature)

(Date)

If a person other than the above Grievant completed this form, give the name, address, and phone number of the person completing the form:

Return this form to: City of Nichols Hills
ADA Coordinator
6407 Avondale Drive
Nichols Hills, OK 73116

For City use only

Date Received by City ADA Coordinator _____