

# **ADA GRIEVANCE FORM**

## **Person Filing the Grievance**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

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## **Person Alleging the ADA Violation (if different than person above)**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

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## **Description of Alleged Violation**

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## **Remedy Sought**

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