



Americans with Disabilities Act Grievance

Grievant Information

Last Name:		First Name:		MI:
Street Address:		City:	State:	Zip Code:
Primary Phone:	<input type="checkbox"/> Cell <input type="checkbox"/> Other	Secondary Phone:	<input type="checkbox"/> Cell <input type="checkbox"/> Other	
Email Address:				

Person Preparing Complaint Information (If Different from Grievant)

Last Name:		First Name:		MI:
Street Address:		City:	State:	Zip Code:
Primary Phone:	<input type="checkbox"/> Cell <input type="checkbox"/> Other	Secondary Phone:	<input type="checkbox"/> Cell <input type="checkbox"/> Other	
Email Address:				
Relationship of Preparer to Grievant:				

Grievance Details

Nature of Grievance:			
<input type="checkbox"/> Assistive Listening/Interpreter	<input type="checkbox"/> Employment	<input type="checkbox"/> Housing	<input type="checkbox"/> Physical Access
<input type="checkbox"/> Refusal to Admit/Denial of Service	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Other/Don't Know
Location of Incident (Provide Facility/Department, etc.):			
Date of Incident:	Employees Involved (If known):		
Describe the circumstances of your grievance. Please provide specific details, i.e. perceived barrier to programs, activities or services, denial of benefits or other restrictions related to your disability. If necessary, print and attach additional pages.			

Proposed Resolution

Describe what you believe should be done to resolve your grievance:

Signature of Grievant/Preparer

Date

Forms may be submitted electronically by clicking the Submit button below. Alternately, completed forms may be submitted to ADA@cityofhenderson.com or by mail to City of Henderson, Finance Department, Business Operations, P.O. Box 95050, Henderson, NV 89009. If you need assistance completing this form or need it in an alternative format, contact the ADA/504 Coordinator by email or phone. (702)267-1709 (Voice), 7-1-1 (TTY), (702)267-1716 (Fax)

Individuals may also file a grievance directly to: U.S. Dept. of Justice, Civil Rights Division, 950 Pennsylvania Ave. NW, Disability Rights Section – NYAV, Washington, DC 20530, (800) 514-0301(voice), (800) 514-0383 (TTY), or www.ada.gov.