



**Americans with Disabilities Act (ADA) Grievance Form  
Title II of the Americans with Disabilities Act  
Section 504 of the Rehabilitation Act of 1973**

Name of Complainant: \_\_\_\_\_

Name of Agent/Representative: \_\_\_\_\_

Address of Complainant: \_\_\_\_\_

Telephone of Complainant: (        ) \_\_\_\_\_

Email of Complainant: \_\_\_\_\_

**Description of Grievance**

This grievance relates to a City of Urbana service \_\_\_\_\_, activity \_\_\_\_\_, program \_\_\_\_\_, benefit \_\_\_\_\_, practice \_\_\_\_\_, or policy \_\_\_\_\_. **(Check any that apply.)**

Provide the date(s) the incident occurred: \_\_\_\_\_  
\_\_\_\_\_

Which City of Urbana Department, if any, is alleged by you to have failed compliance to the ADA law?

City Department: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Identify the name(s) of all City of Urbana agents, representatives or employees, if any, whom you contended were involved. \_\_\_\_\_  
\_\_\_\_\_

Give a brief description of the incident that made the basis of your grievance. Include in your response the identity of the service, activity, program, or benefit you contend your access has been denied or any other manner you contended you have been subjected to discrimination. Also, please provide in you description specific dates, times and places, as well as the names, addresses and telephone numbers of any and all persons who may have witnessed or been involved in the act or basis of your complaint. (Attach additional information, if needed):\_\_\_\_\_

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Please state your suggested outcome for resolution.\_\_\_\_\_

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\_\_\_\_\_  
Signature of Complainant/ Representative

\_\_\_\_\_  
Printed name of Complainant/ Representative

Date:\_\_\_\_\_

Complaints shall be submitted in writing to the office of the ADA coordinator:

Clay Miller  
| [City of Urbana](#) ADA Coordinator  
205 S. Main Street  
Urbana, OH 43078