City of Morganton

Title II of the Americans with Disabilities Act Section 504 GRIEVANCE FORM

Grievant:
Address:
City, State, and Zipcode:
Home Telephone: Business/Cell Phone:
Email Address:
This section to be completed only if the aggrieved person is not the individual completing this form
Reporting Individual:
Person(s) Affected by the Situation (if other than reporting individual):
Address:
City, State, and Zipcode:
Preferred Telephone:
Program/Facility Alleged to Be Inaccessible:
When did the situation occur? (date):
Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation (please attach additional pages as needed).

Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator? YES NO If yes, what were the results?		
Signature:	Date:	
Send to:		
City of Morganton		
Andrew Smith		
ADA Compliance Coordinator		
P.O. Box 3448		
Morganton, NC 28680		
(828) 438-5279		

Email: asmith@morgantonnc.gov

Upon request, reasonable accommodation will be provided in completing this form or copies of the form will be provided in alternative formats. Please contact the ADA Compliance Coordinator.