



AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM FOR ACCESS/PARTICIPATION IN FACILITIES, PROGRAMS, SERVICES, AND BENEFITS

Today's Date:

Name of Grievant:

Address of Grievant:

Telephone Number of Grievant:

Name, Address, and Telephone Number of Grievant's Representative:

1. Agency alleged to have denied access:

Department:

Location:

I was denied access on: _____ [date]

2. Disability Statement:

My disability is:

This problem is: temporary_____ permanent_____

3. I am seeking access to the following El Paso County facility __, program __, activity__, service__, or benefit__, in which I haven't been able to participate because I need an accommodation or modification:

4. Please describe the particular way in which you believe you have been denied participation in any facility, service, program, or activity or have otherwise been subjected to discrimination. Please specify dates, times, and places of incidents, and names and/or positions of agency employees involved, if any, as well as names, addresses and telephone numbers of any eyewitnesses to any such incident. Attach additional pages if necessary.

5. Proposed Access or Accommodation:

Describe the way in which you feel participation may be accomplished to the benefits described above, or the way in which accommodation could be provided to allow access:

Deliver, Mail, or Fax this form to: ADA Coordinator
800 E. Overland, Suite 223
El Paso, Texas 79901
915.546.2218 (Phone)
915.546.8126 (Fax)