



City of Chandler, Arizona  
chandleraz.gov

## ADA Grievance Form

**Instructions: Please complete and sign the form, and submit it within 180 calendar days of the incident or decision to which this complaint relates to:**

### Jason Crampton, ADA Coordinator

*Mailing address:*

Mail Stop 412, PO Box 4008  
Chandler, AZ 85244-4008

*Physical address:*

175 S. Arizona Avenue, 4<sup>th</sup> Floor  
Chandler, AZ 85225

### 1. Type of Grievance (check all that apply):

- Accommodation Request (modification and/or auxiliary aids and services)
- Program/Service
- Facility Accessibility
- Other: \_\_\_\_\_

### CONTACT INFORMATION

#### 2. Reporting Individual:

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

#### 3. Authorized Representative of Reporting Individual (if any):

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

**DETAILS OF COMPLAINT / INCIDENT**

**4. Date/Time of Incident:** \_\_\_\_\_

**5. Department/Facility/Location Involved:**

**6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:**

**7. Have attempts been made to resolve the complaint through a City Department? If yes, please describe the efforts that have been made.**

**8. Remedy Sought. What action do you want taken?**

Signature	Date
-----------	------

Attach additional pages as necessary.

If you need assistance, require an accessible format, or have questions about this form, please contact ADA Coordinator, Jason Crampton at [ada.coordinator@chandleraz.gov](mailto:ada.coordinator@chandleraz.gov) or 480-782-3402 or 711 via AZ Relay Service (ASRS).