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:       Physical address:
Mail Stop 412, PO Box 4008       175 S. Arizona Avenue, 4th Floor
Chandler, AZ 85244-4008       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 or 480-782-3402 or 711 via AZ Relay Service (ASRS).