



ADA Grievance Form

Americans with Disabilities Act

This form is for individuals who have a grievance related to disability discrimination in the City of Ann Arbor's provision of services. Any grievance claims must be filed with the City Clerk no more than 60 days from the date of the alleged discriminatory incident. Contact the City Clerk's Office for assistance with the filing or submission of this form or to have a grievance transcribed for you.

Please submit to: **Ann Arbor City Clerk's Office**
301 E. Huron St., P.O. Box 8647
Ann Arbor, MI 48107
Tel: (734) 794-6140
Fax: (734) 994-8296
cityclerk@a2gov.org

Date of Request _____ Date of Incident _____

Name _____

Address _____
Street City State Zip

Telephone _____ Email _____

Requester's Signature _____

Description of Incident (please print)

Describe, with specificity, the alleged disability discrimination incident for which you are filing this form. Please include information relating to the incident, including dates, the City service/program involved, and any City personnel involved.

Office Use Only

Date of Incident _____ Complaint Number: _____

Investigation Due Date _____ Service Area Assigned _____

City Attorney Assigned _____

Founded **Unfounded** City Attorney Approval _____

Resolution _____