City of Maryland Heights
Americans with Disabilities Act (ADA) Grievance Procedure Form
Alleged Discrimination Due to Disabilities

If you need to request an accommodation, please use Request for Accommodation Form.

If you believe that you were denied accommodation to a County facility, program or service due to a disability, please complete this form and submit to:

City of Maryland Heights
Assistant to the City Administrator
Attn: ADA Grievance
11911 Dorsett Road
Maryland Heights, MO 63043

If you need assistance in completing this form or an alternative format, please contact the ADA Coordinator at (314) 738-2203. The City will assist with completion of the grievance form upon request.

Complainant Contact Information

_____   _____
NAME   **ADDRESS LINE 1**

_____ _____   _____
WORK PHONE   **PERSONAL PHONE**   **ADDRESS CITY, STATE, ZIP**

_____   _____
E-MAIL   **PREFERRED METHOD OF CONTACT**

Accessibility Issue
Please answer the following questions as completely as possible. The person designated as the ADA Coordinator will contact you within 15 days of receipt of this form to discuss.

_____
FACILITY, DEPARTMENT, PROGRAM OR SERVICE ALLEGED TO BE INACCESSIBLE

_____   _____
WHEN DID THE SITUATION OCCUR? (DATE)   **NAME OF STAFF**

1) Describe the situation or way in which the facility, department, program or service is not accessible. (Use additional paper to describe your observations, if necessary)

_____
_____
_____
_____

2) Have you contacted anyone in the Department involved to resolve this issue directly with staff of the facility, program or service? NO _____ YES _____, Date _____

3) Did you file a formal written complaint? NO _____ YES _____

4) Did you talk with a staff member? NO _____ YES _____

If yes, to whom did you provide written complaint or with whom did you speak?

_____

5) If you tried to resolve the matter directly with the staff of the facility, program or service what were the results of your contact? _____

_____
_____
_____
_____

6) Have you filed a FORMAL complaint about this with any other government agency?

NO _____ YES _____, Name of agency: _____

7) How do you suggest this issue be resolved? _____

_____
_____
_____
_____

_____   _____
Signature   **Date**