



# ADA GRIEVANCE FORM

## FOR PUBLIC SERVICES

*Title II of the Americans With Disabilities Act,  
Section 504 of the 1973 Rehabilitation Act*

**Please complete, sign and submit this form within 60 calendar days  
of any grievance to the address at the bottom of the page.**

Full name of person submitting report: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email: \_\_\_\_\_

If you are reporting this grievance on someone else's behalf, please provide their full name:

\_\_\_\_\_

Please provide a detailed description of your grievance. If applicable, include the date, time, location, city department(s) involved, and the desired remedy you are seeking. Add additional pages if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this grievance been reported to anyone else? If so, to whom?

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you need assistance, require an accessible format, or have questions about this form, please contact the City of Smithville ADA Coordinator at [jdlynch@ci.smithville.tx.us](mailto:jdlynch@ci.smithville.tx.us) or **512.237.3282**.

<b>ADA COORDINATOR</b>	
<i>Mailing Address:</i> P.O. Box 449 Smithville TX 78957	<i>Physical Address:</i> 317 Main Street Smithville, TX 78957

[ci.smithville.tx.us/ada](http://ci.smithville.tx.us/ada)