Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
GRIEVANCE FORM

Grievant: _____________________________________________________________________

Address: _____________________________________________________________________

City, State, and Zipcode: _________________________________________________________

Home Telephone: ________________________ Business/Cell Phone: ______________________

Email Address: ________________________________________________________________

This section to be completed only if the aggrieved person is not the individual completing this form.
Reporting Individual: ____________________________________________________________

Person(s) Affected by the Situation (if other than reporting individual): ______________

Address: ____________________________________________________________

City, State, and Zipcode: _________________________________________________________

Preferred Telephone: ____________________________________________________________

Program/Facility Alleged to Be Inaccessible: ________________________________________

When did the situation occur? (date): ____________________________________________

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation (please attach additional pages as needed).

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator?  YES ___  NO___

If yes, what were the results? _______________________________________________________________

__________________________
Signature: Date:

Send to:
City of Winston-Salem
Alan A. Andrews or Angela Carmon,
ADA Compliance Coordinators
P.O. Box 2511
Winston-Salem, NC 27102
(336) 747-7401
TDD (336) 727-8000
Email: alana@cityofws.org angelac@cityofws.org

Upon request, reasonable accommodation will be provided in completing this form or copies of the form will be provided in alternative formats. Please contact the ADA Compliance Coordinator.

Revised: 4/26/13; 2/13/17