

CITY OF GREENVILLE AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

Today's Date:	
Address of Grievant:	
Telephone Number of Grievant: _	
Name, Address, and Telephone	Number of Alternate Contact Person:
Agency alleged to have denied	access:
Department:	
I was denied access on:	
Disability Statement:	
My disability is:	
This problem is:	temporary permanent
	ring City of Greenville program or activity in which I haven't been able to participate on:
Proposed Access or Accommo	odation:
The accommodation I seek:	
or activity or have otherwise bea and names and/or positions of C of any eyewitnesses to any suc	ay in which you believe you have been denied the benefits of any services, program, en subjected to discrimination. Please specify dates, times, and places of incidents, ity employees involved, if any, as well as names, addresses and telephone numbers in incident. Attach additional pages if necessary. Include a description of the way in had to the benefits described above, or the way in which accommodation could be

Fax this form to 864-298-2744 or email to mjank@greenvillesc.gov or mail to:

Mike Jank, ADA Coordinator City of Greenville Risk Management Division PO Box 2207 Greenville, SC 29602