



ADA GRIEVANCE FORM

The Town of Ashland prohibits discrimination against individuals with disabilities in its services, programs, accessibility and activities.

IMPORTANT:

- A completed form must be submitted within 60 days of incident.
- Form must be signed.
- Please submit signed and completed form to:

**ADA COORDINATOR
TOWN OF ASHLAND
121 THOMPSON ST.
ASHLAND, VA 23005**

TYPE OF GRIEVANCE:

- Service/Program Facility Accessibility Communication
- Employment Other (*please explain*) _____

CONTACT INFORMATION:**Reporting Individual**

Name: _____

Phone Number: _____ Alternate Phone Number: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Email Address: _____

By checking this box, you indicate that you do not want your email address disclosed.

On Behalf Of (if different than Reporting Individual)

Name: _____

Phone Number: _____ Alternate Phone Number: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Email Address: _____

By checking this box, you indicate that you do not want your email address disclosed.



ADA GRIEVANCE FORM *(continued)*

DETAILED INFORMATION OF GRIEVANCE:

Please specify date time and location of incident/complaint:

Date: _____ Time *(if applicable)*: _____ Specific Location: _____

Please provide a detailed description of the incident/complaint that has prompted you to file this grievance:

If known, please list the names of other persons involved in this incident *(if any)*: _____

Please explain how you would like to see this matter resolved: _____

SIGNATURE: _____ **DATE:** _____

Please submit the completed and signed form to: ADA Coordinator, Town of Ashland
Mail to: P.O. Box 1600, Ashland, VA 23005
Hand Deliver: 121 Thompson Street, Ashland, VA 23005

For questions about this form, please contact: ADA Coordinator at wcornwell@ashiandva.gov or call (804) 629-0888.

For Office Use Only:

Date Received: _____ Date of Contact with Complaint: _____ Date of Resolution and Action: _____