CITY OF AKRON, OHIO

_____

GRIEVANCE FORM

The following information is provided in order to request a review of an alleged barrier. Determination of Americans with Disabilities Act Title II compliance is requested.

TYPE OF BARRIER: ARCHITECTURAL ☐ COMMUNICATIONS ☐
POLICY ☐ OTHER ☐

INFORMATION OF GRIEVANT:

Name: _____

Address: _____

City, State: _____

Telephone: (daytime) _____ (evening) _____

Disability: _____

LOCATION OF BARRIER:

Address / Building: _____

Department / Division: _____

When did you experience the barrier? _____/_____/____ _____ am/pm
Day Mo Yr Time

FORM A

Explain:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Did you notify anybody about the barrier? YES ☐ NO ☐

If yes; who:
Name: _____ Position (if known) _____

When:
Date: _____/_____/_____ _____ am/pm

Day Mo Yr Time

I hereby verify that the information on this form is to the best of my knowledge, true and accurate.

Name: _____ Date: _____