



AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE FORM

Please return completed form to:
ADA Coordinator
City of North Olmsted
5200 Dover Center Road
North Olmsted, Ohio 44070
Fax: 440-777-5889

Date: _____ Name of Grievant: _____

Grievant Address: _____

Telephone No.: _____ Email: _____

Describe the acts of alleged discrimination or way in which the program or facility is not accessible, providing the name(s) where possible of the individual(s) who allegedly discriminated.

What was the request for accommodations or programs, and what was the response?

I certify that the above statement is accurate and filled out to the best of my ability and knowledge.

Signature _____

Print Name _____

Date _____