



# ADA GRIEVANCE FORM

## FOR PUBLIC SERVICES

*Title II of the Americans With Disabilities Act,  
Section 504 of the 1973 Rehabilitation Act*

**Please complete, sign and submit this form within 60 calendar days  
of any grievance to the address at the bottom of the page.**

Full name of person submitting report: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email: \_\_\_\_\_

If you are reporting this grievance on someone else's behalf, please provide their full name:

\_\_\_\_\_

Please provide a detailed description of your grievance. If applicable, include the date, time, location, city department(s) involved, and the desired remedy you are seeking. Add additional pages if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this grievance been reported to anyone else? If so, to whom?

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you need assistance, require an accessible format, or have questions about this form, please contact the City of College Station ADA Coordinator at **adaassistance@cstx.gov** or **979.764.3509**.

<b>ADA COORDINATOR</b>	
<i>Mailing Address:</i> P.O. Box 9960 College Station, TX 77842	<i>Physical Address:</i> 1101 Texas Ave. College Station, TX 77845

[cstx.gov/ada](http://cstx.gov/ada)