



**Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
GRIEVANCE FORM**

Grievant: _____

Address: _____

City, State, and Zipcode: _____

Home Telephone: _____ Business/Cell Phone: _____

Email Address: _____

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This section to be completed only if the aggrieved person is not the individual completing this form.

Reporting Individual: _____

Person(s) Affected by the Situation (if other than reporting individual): _____

Address: _____

City, State, and Zipcode: _____

Preferred Telephone: _____

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Program/Facility Alleged to Be Inaccessible: _____

When did the situation occur? (date): _____

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation (please attach additional pages as needed).

Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator? YES __ NO__

If yes, what were the results? _____

Signature: _____ Date: _____

Send to:
City of Winston-Salem
Angela Carmon,
ADA Compliance Coordinator
P.O. Box 2511
Winston-Salem, NC 27102
(336) 747-7404
TDD (336) 727-8000
Email: angelac@cityofws.org

Upon request, reasonable accommodation will be provided in completing this form or copies of the form will be provided in alternative formats. Please contact the ADA Compliance Coordinator.