



TITLE II ADA GRIEVANCE FORM

The City of Saginaw ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities including all employment practices.

To request an accommodation and/or an alternate format, or have questions about this form, please contact Maria Hernandez, ADA/504 Coordinator, at 817-230-0444, or Relay Texas 1-800-735-2989.

Please complete and sign the form and email or mail it to the City within 60 calendar days of any incident to:

CONTACT INFORMATION

1. Reporting Individual:

Full Name:	
Address:	
City, State, Zip Code:	
Phone:	Alternate Phone:
Email:	

2. How would you like to be contacted? Select all that apply.

☐ Phone ☐ Email ☐ Mail ☐ Other:

3. I am filling out this form on behalf of someone else: ☐ Yes ☐ No

Authorized Representative of Reporting Individual (if any):

Full Name:
Address:



City, State, Zip Code:	
Phone:	Alternate Phone:
Email:	

4. Type of Grievance. Select all that apply.

- _____ Accommodation Request
 _____ Program/Service
 _____ Facility Accessibility
 _____ Policy
 _____ Other: _____

DETAILS OF COMPLAINT / INCIDENT

5. Date/Time of Incident: _____

6. Location of Incident:

- Department/Facility: _____
- Address: _____

7. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:

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8. Have attempts been made to resolve the complaint through the City Department? If yes, please describe the efforts that have been made.

9. Remedy Sought. What action do you want to take?

I certify that the information provided in this ADA Grievance form is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in legal consequences.

Signature

Date

STAFF ONLY:

DATE RECEIVED:		STAFF INITIALS:	
15 DAYS FROM SUBMISSION DATE:			
DATE CLOSED:			