



## ADA TITLE II GRIEVANCE PROCEDURE COMPLAINT FORM

If you believe that you were denied access to a City of Tyler facility, program or service due to a disability, please contact:

Sharon Roberts, ADA Coordinator  
City of Tyler Legal Department  
P.O. Box 2039  
Tyler, TX 75710  
Phone: (903) 531-1161  
Fax: (903) 531-1281  
E-Mail: [sroberts@tylertexas.com](mailto:sroberts@tylertexas.com)

You can hand write or type into the written form below for convenience. However, you can also file a grievance by phone, fax or e-mail using the contact information above. If you choose to use the form and need assistance completing it, please contact the ADA Coordinator.

The ADA Coordinator or her designee will contact you to discuss the complaint within 15 business days of receipt.

### Contact Information

Name of Reporting Individual		E-mail		
<input type="text"/>		<input type="text"/>		
Address	City	State	Zip	
<input type="text"/>				
Home phone		Work phone		
<input type="text"/>		<input type="text"/>		
Preferred method of contact				
<input type="text"/>				
Other contact information				
<input type="text"/>				

### Accessibility Issue

<input type="text"/>
Facility, Program or Service alleged to be inaccessible
<input type="text"/>

When did the situation occur (date)?  
\_\_\_\_\_

Name of staff  
\_\_\_\_\_

Describe the situation or way in which the facility, program or service is not accessible.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you made efforts to resolve this issue directly with staff of facility, program or service?  
 YES  NO

If yes, what were the results?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you suggest this issue be resolved?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature

Date Submitted

If you have a disability that requires this material to be produced in an alternate format (e.g. ADA compliant web document, large print, audiotape or computer disk) please call (903) 531-1161, or send an e-mail to sroberts@tylertexas.com to ensure arrangements for accommodation. Every reasonable effort will be made to produce the material in an alternate format. Please allow a minimum of 72 hours for your request to be processed.

**OFFICE USE ONLY**

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Date ADA Coordinator Received Complaint: \_\_\_\_\_, 20\_\_.

Date and Method of Initial Contact with Complainant: \_\_\_\_\_, 20\_\_; email\_\_; phone\_\_; other\_\_

Action Taken and Date of Resolution or Plan of Action, if any. Explain.

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