



**Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Grievance Form**

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA/Section 504 Coordinator as indicated on this form.

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Business: _____

Person Discriminated Against: (if other than the complainant): _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Business: _____

Department or person which you believe has discriminated (if known):

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

Have efforts been made to resolve this complaint? Yes _____ No _____ If yes: what efforts have been taken and what is the status of the grievance?

Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes _____ No _____

If yes: Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____ Date Filed: _____

Do you intend to file with another agency or court? Yes _____ No _____

Agency or Court: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Additional comments or information:

Signature: _____ Date: _____

RETURN TO:

TOWN MANAGER
Town of Kearny
912-C Tilbury Drive
Kearny, AZ 85137

Email: townmanager@kearnyaz.gov

FAX: 520.363.7527