



AMERICANS WITH DISABILITIES ACT
GRIEVANCE FORM

Complaints should be submitted by the grievant as soon as possible but no later than 60 calendar days after the alleged violation to: City Manager/ADA Coordinator, Marion City Hall, 1225 6th Avenue, Marion, IA 52302.

I. Requestor Information

Grievant's Name: _____ Date: _____
Address: _____
Email Address: _____ Phone: _____

II. Location of Grievance of ADA Compliance Deficiencies

Location/Address of Incident: _____
Date of Incident: _____
Description of the Problem (add additional sheets as necessary): _____
Grievant's Signature: _____ Date: _____

III. ADA Coordinator Response

Name: _____
Comments: _____
Signature: _____ Date: _____

IV. Council Appeal

Date: _____

Comments: _____