



Americans with Disabilities Act (ADA) Grievance Form

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

**Please fill out this form completely. Sign and send it to the email or mail address at the bottom of the form.
Incomplete forms will not be processed.**

Reporting Individual

Name: _____ Phone # _____

Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Authorized Representative of Reporting Individual (if any)

Name: _____ Phone # _____

Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

To whom should the City response and/or any questions be directed?

Reporting Individual

Authorized Representative

Grievance

Location of Grievance: _____

Facility Name (if applicable): _____ Date of Incident: _____

Detailed Description of Grievance (include additional pages as needed):

Signature: _____ Date: _____

Return this form via:

Email: Mat.Kronner@cityofkilgore.com

Mail: City of Kilgore
ADA – Mat Kronner
815 N Kilgore St
Kilgore, TX 75662