

Town of Gilbert, Arizona

ADA Complaint / Grievance Form

This form functions as a formal means by which a customer of the Town of Gilbert government programs, services, or activities may seek to remedy an alleged violation of their rights under the Americans with Disabilities Act. After completing this form, submit it to:

Please explain in detail how you believe your rights under ADA were violated by Town of Gilbert. Specifically describe the date, place, time and circumstances regarding the alleged violation. Additional pages or other relevant documentation may be attached:

Complainant: _____

Person Preparing Complaint (If different from Complainant): _____

Relationship to Complainant (If different from Complainant): _____

Street Address & Apartment Number: _____

City: _____ State: _____ Zip: _____

Phone: (_____) E-Mail: _____

Please provide a complete description of the specific complaint or grievance:

Please specify any location(s) related to the complaint or grievance (if applicable):

Please state what you think should be done to resolve the complaint or grievance:

Please attach additional pages as needed.

Please do not contact me personally.

Signature: _____ Date: _____

Return to: Town of Gilbert, Risk Management, 50 East Civic Center Drive, Gilbert, AZ, 85296.

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the Customer Service Department at the address listed above, via telephone (480) 503-6800.