



City of Fort Worth -ADA Grievance Form

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

Instructions: Please complete this form in its entirety. Failure to provide all requested information may cause a delay in response.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Location of issue giving rise to the grievance (please provide an address if possible):

Time/date of issue giving rise to the grievance (if applicable):

Please provide information that will help us better understand your grievance:

Please attach additional pages if needed.

Please mail this form to ADA/Title VI Coordinator, City of Fort Worth – Diversity and Inclusion Department, 200 Texas Street, Fort Worth, Texas, 76102 or email it to ada@fortworthtexas.gov

For ADA/Title VI Coordinator Use Only

File No. _____

Date Received: _____ Received By: _____

Notes:

Resolution/Determination:

Reviewer Name: _____ Title: _____

Date of Resolution/Determination: _____

Date Complainant Notified: _____

Details of Notification (Who notified? How notified?):