



CITY OF SHREVEPORT

ADA COORDINATOR

505 Travis St. | Suite 620
Shreveport, La. 71101

Grievance Form

Title II of American with Disabilities Act

Section 504 of the Rehabilitation Act of 1973

City of Shreveport - American with Disabilities Act – Grievance Form

Grievances submitted by an individual alleging discrimination under the ADA must be submitted directly to the ADA Coordinator no later than 60 calendar days after the occurrence of the alleged incidents of discrimination.

Instructions: Please fill out this form completely by printing, in blue or black ink or type.

Complainant's Name: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ **Cell Phone** _____

Business: _____

Person Discriminated Against: (if other than the complainant)

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____

Business: _____

Government, or organization, or institution which you believe has discriminated:

Name: _____

Address: _____

County: _____

City: _____

State and Zip Code: _____

Telephone Number: _____

When did the discrimination occur? Date: _____ **Time** _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated? (Use space on page 3 if necessary):

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes _____ No _____

If yes: what is the status of the grievance?

Has the complaint been filed with another bureau of 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: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Additional space for answers:

Additional descriptions of the acts of discrimination

Signature: _____

Date: _____

Return to:

**CITY OF SHREVEPORT
ADA Coordinator
Attention: Alonzo Smith
505 Travis St. Suite 620
Shreveport, LA. 71101**

*The City of Shreveport
Is committed to meet the Standards and Compliance of American with Disabilities Act*
