

The Americans with Disabilities Act (“ADA”) and Section 504 Grievance Complaint Form

This ADA and Section 504 Complaint form will be used by the City of Burleson to document and address a complaint for qualified individual(s) with a disability in accessing the City’s programs, services, and/or activities. **For more information, including understanding your rights, please visit <https://www.burlesontx.com/2867/Americans-with-Disabilities-Act>.**

When completed, return this signed form using one of the following methods:

Mail or In-Person:	City of Burleson Attn: ADA Coordinator 141 W Renfro St Burleson, TX 76028
Email:	ADA@burlesontx.com
Fax:	(817) 426-0481

For assistance or if you require another accessible format, please call the ADA Coordinator at (817) 426-9640, TTY: 711 or email ADA@burlesontx.com.

COMPLAINANT INFORMATION

Last Name:	First Name:
Mailing Address:	
City/State/Zip Code:	Phone #:
Alternate Telephone #:	
Email Address:	

BASIS OF COMPLAINT

Please mark all that apply below to indicate the basis of your complaint:

Accommodation Request Program/Service/Activity Facility Accessibility

Other (please specify) _____

List the date and time of the incident.

List the location or facility involved.

Describe the complaint/incident with as much detail as possible. Add additional pages as necessary.



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Names of individuals (witnesses, employees, or others) whom we may contact for additional information to support or clarify your complaint. (Attach additional pages, if needed).		
Name	Mailing address and/or email address	Telephone
		()
		()
		()
		()

Has there been any attempt to resolve the matter through a City department? If yes, please describe the effort and provide the name, position, and date of discussion.

Briefly explain what solution or remedy you are seeking.

Please provide any additional information and/or photographs, if applicable, that you believe will assist in the review of this complaint.

THE CITY CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE PRINT YOUR NAME, SIGN, AND DATE THE COMPLAINT FORM BELOW:

Complainant's Printed Name:	Date:
Complainant's Signature:	
<i>Printed name of person preparing complaint (if different from the complainant):</i>	
<i>Relationship to the complainant:</i>	

For Office Use Only	
Date Complaint Received: _____	Case Number: _____
Received By: _____	Date Referred: _____