



City of Chandler, Arizona
chandleraz.gov

ADA Grievance Form

Instructions: Please complete and sign the form, and submit it within 180 calendar days of the incident or decision to which this complaint relates to:

Warren White, ADA Coordinator

Mailing address:

Mail Stop 405, PO Box 4008
Chandler, AZ 85244-4008

Physical address:

215 E. Buffalo St.
Chandler, AZ 85225

1. Type of Grievance (check all that apply):

- Accommodation Request
- Program/Service
- Facility Accessibility
- Other: _____

CONTACT INFORMATION

2. Reporting Individual:

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

3. Authorized Representative of Reporting Individual (if any):

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

DETAILS OF COMPLAINT / INCIDENT

4. **Date/Time of Incident:** _____

5. **Department/Facility/Location Involved:**

6. **Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:**

7. **Have attempts been made to resolve the complaint through a City Department? If yes, please describe the efforts that have been made.**

8. **Remedy Sought. What action do you want taken?**

Signature

Date

Attach additional pages as necessary.

If you need assistance, require an accessible format, or have questions about this form, please contact ADA Coordinator, Warren White, at ada.coordinator@chandleraz.gov or 480-792-3337.