

OFFICE USE ONLY
DATE COMPLAINT OPENED: _____
DATE COMPLAINT CLOSED: _____

CITY OF KELLER, TEXAS TITLE II ADA GRIEVANCE FORM

The City of Keller ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format or language, please contact Marcia Reyna, ADA/504 Coordinator, at 817-743-4041 or 7-1-1.

Instructions: Please complete and sign the form and email or mail it to the City within 60 calendar days of any incident to:

ADA/504 Coordinator – Marcia Reyna

Physical address:

Marcia Reyna, ADA/504 Coordinator
Director of Human Resources & Risk Management
1100 Bear Creek Parkway, Keller, TX 76248

Phone: 817-743-4041
Email: mreyna@cityofkeller.com

Mailing address: PO Box 770, Keller, TX 76244

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 language, or have questions about this form, please contact the City's ADA/504 Coordinator at:

Physical address:

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Director of Human Resources & Risk Management
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Keller, TX 76248

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