



CITY OF GREER
AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

Today's Date:
Name of Grievant:
Address of Grievant:
Telephone Number of Grievant:
Name, Address, and Telephone Number of Alternate Contact Person:

Agency alleged to have denied access:

Department:
Division:
Bureau or Office:
Location:

I was denied access on: [date]

Disability Statement:

My disability is:

This problem is: temporary permanent

I am seeking access to the following City of Greer program or activity in which I haven't been able to participate because I need an accommodation:

Proposed Access or Accommodation:

The accommodation I seek:

Incident or Barrier:

Please describe the particular way in which you believe you have been denied the benefits of any services, program, or activity or have otherwise been subjected to discrimination. Please specify dates, times, and places of incidents, and names and/or positions of City employees involved, if any, as well as names, addresses and telephone numbers of any eyewitnesses to any such incident. Attach additional pages if necessary. Include a description of the way in which you feel access may be had to the benefits described above, or the way in which accommodation could be provided to allow access.

[Blank lines for incident description]

Fax this form to 864-968-7006 or email to woodruff@cityofgreer.org or mail to:

Catrina Woodruff, ADA Coordinator
City of Greer
301 E Poinsett ST
Greer, SC 29651