

City of Atmore

Americans with Disabilities Act Grievance Form

In accordance with Title II of the Americans with Disabilities Act (ADA) of 1990, the City of Atmore makes all programs and services associated with its operation of the city accessible to all persons with disabilities. Please use this form to file a grievance if you believe that you were denied access to a city facility or program based on a disability. You may submit your grievance to Jeremy Ray, ADA Coordinator, City of Atmore, 201 East Louisville Avenue, Atmore, AL 36502, or to jeremyr@cityofatmore.com or by calling (251) 368-2253.

Grievant Name			
Address	City	State	Zip Code
Home Phone with area code () -	Business or Cell Phone with area code () -		
E-mail address			

Description of Alleged Violation and Requested Remedy – Please include date, time, location and specific information. Please use additional sheets of paper if necessary.
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Please advise if this grievance has been filed with the U.S. Department of Justice, another government agency or in court, and if so, please provide contact information of that agency or court and the date when the grievance was filed.

Thank you.

Signature

Date