Finance Department

City of Henderson
Americans with Disabilities Act/Section 504
Grievance Form

Instructions: Please PRINT or TYPE and submit to: ADA/504 Coordinator, City of Henderson, Finance Department, Business Operations, PO Box 95050, Henderson, NV 89009. Hours of operation: Monday -Thursday, from 7:30 am to 5:30 pm (PST): (702) 267-1709 (voice), 7-1-1 (TTY), (702) 267-1716 (fax) or email: Adrian.Stephens@cityofhenderson.com

NAME OF GRIEVANT:

Last Name: _____ First Name:_____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: Home: _____ Cell: _____ Other: _____

Person Preparing Complaint (If different from Grievant):

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: Home: _____ Cell: _____ Other: _____

Relationship of Preparer to Grievant (if applicable): _____

NATURE OF GRIEVANCE:

- ☐ Interpreter/Assistive Listening
- ☐ Denial of Service/Refusal to Admit
- ☐ Employment
- ☐ Retaliation
- ☐ Physical Access
- ☐ Service Animal
- ☐ Housing
- ☐ Other/Don't Know

TYPE OF DISABILITY (OPTIONAL):

- ☐ Mental/psychiatric
- ☐ Cognitive/intellectual/developmental
- ☐ Speech
- ☐ Learning
- ☐ Mobility
- ☐ HIV/AIDS
- ☐ Vision
- ☐ Seizure
- ☐ Diabetes
- ☐ Hearing
- ☐ Other/Not Listed

When did this event occur: (Date of Incident)	Location: (Specify Department or Name of City Facility)

Describe the nature of the specific compliant or grievance, including any incident, barrier, or perceived denial of benefits of any service, program or activity, or have otherwise been discriminated against because of, or related to, a disability. (If necessary, use additional pages or attachments to substantiate your description.)

PROPOSED RESOLUTION OR ACCOMMODATION:

Describe what you believe should be done to resolve the grievance.

_____ _____

Signature of Grievant/Preparer Date

If you need assistance completing this form or need this form in an alternative format, contact the ADA/504 Coordinator. Individuals may also file a grievance directly to: U.S. Dept. of Justice, Civil Rights Division, 950 Pennsylvania Ave. NW, Disability Rights Section – NYAV, Washington, DC 20530, (800) 514-0301(voice), (800) 514-0383 (TTY), or www.ada.gov