

Tulsa County ADA Grievance Procedure Form

TITLE II, AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

Instructions: Please fill out this form in black ink or type. Sign and return it.

Grievant First and Last Name:	
Address:	
City:	
State:	OK Zip Code:
Telephone:	
Home:	
Other:	
Email:	
Person Alleging Violation of Title II (if other than the grievant)	
First and Last Name:	
Address:	
City:	
State:	OK Zip Code:
Telephone:	
Home:	
Other:	
Name of County Dept., Bureau or Service:	
Address:	
City:	
State:	OK Zip Code:
Telephone:	
Home:	
Other:	
When did the alleged violation occur?	
Date:	MM/DD/YYYY

Describe the alleged act(s), providing name(s) where possible of the individuals who allegedly violated Title II. (Attach additional pages if necessary.)

Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes:

If yes, please complete Section B.

No:

SECTION B

Agency or Court:

Contact Person:

Address:

City:

State:

Zip Code:

Telephone:

Date Filed:

MM/DD/YYYY

Additional space for answers:

Signature: _____ Date: _____