



## ADA Grievance Form

**Instructions: Please complete and sign the form and submit it within 60 business days of any incident to the Administrative Services Director:**

*Physical address:*

Town of Northlake – Admin Services  
1500 Commons Circle STE. 300  
Northlake, Texas 76226

Phone - (940) 350-9318

Email – [ADACoordinator@town.northlake.tx.us](mailto:ADACoordinator@town.northlake.tx.us)

### 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 Town Department? If yes, please describe the efforts that have been made.**

**8. Remedy Sought. What action do you want taken?**

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Signature

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Date

Attach additional pages as necessary. If you need assistance, require an accessible format, or have questions about this form, please contact the Administrative Services Director at:

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