



City of
TERRELL HILLS
TEXAS

AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE FORM
TITLE II of the Americans with Disability Act Section 504 of the Rehabilitation Act of 1973

Name of Complainant: _____

Name of Agent/Representative: _____

Address of Complainant: _____

Telephone of Complainant: (_____) _____

Email of Complainant: _____

Nature of Complainants Disability Hearing Sight Mobility Other: _____

DESCRIPTION OF GRIEVANCE

This grievance relates to a City of Terrell Hills (select one) service_____, activity_____,
program_____, benefit_____, practice_____, or policy_____.

Provide the date(s) the incident occurred: _____

Provide the address of where the incident occurred: _____

Identify the names of all City of Terrell Hills agents, representatives or employees, if any, whom
you contend were involved. (Use additional paper if necessary):

Give a detailed description of the incident that made the basis of your grievance. Include in your response the identity of the service, activity, program, or benefit you contend your access has been denied or any other manner you contend you have been subjected to discrimination. Please also, provide in your description specific dates, times and places, as well as the names, addresses and telephone numbers of any and all persons who may have witnessed or been involved in the act or basis of your complaint. (Attach additional information, if needed):

Please state your suggested outcome for resolution?

Signature of Complainant/Representative

Printed name of Complainant/Representative

Date: _____

Complaints shall be submitted in writing to the office of the ADA Coordinator:

Kristyn Schones
ADA Coordinator
5100 N. New Braunfels
San Antonio, TX 78209