



**Title II of the Americans with Disabilities Act Section 504 of  
the Rehabilitation Act of 1973**

**GRIEVANCE FORM**

Grievant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

.....  
*This section to be completed only if the aggrieved person is not the individual completing this form.*

Reporting Individual: \_\_\_\_\_

Person(s) Affected by the Situation (if other than reporting individual): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Preferred Telephone or Email: \_\_\_\_\_

.....  
Program/Activity/Facility Alleged to Be Inaccessible: \_\_\_\_\_

When did the situation occur? (date and time): \_\_\_\_\_

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation (please attach additional pages as needed).

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Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what were the results? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send or deliver to:

**ADA Coordinator**  
David Coffey  
Risk Manager/Purchasing Agent  
City of Lenoir  
801 West Ave NW  
Lenoir, NC 28645  
828-757-2217  
[drcoffey@ci.lenoir.nc.us](mailto:drcoffey@ci.lenoir.nc.us)

Upon request, reasonable accommodation will be provided in completing this form or copies of the form. Please contact the ADA Compliance Coordinator.