



# City of Round Rock

## ADA Grievance Form

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

**Instructions: Please fill out this form completely. Sign and send it to the address at the bottom of the page. Incomplete forms will not be processed.**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

### Grievance Information

Address: \_\_\_\_\_ Time/Date: \_\_\_\_\_

Please provide a complete description of your grievance (attach additional pages as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Please return to:** ADA Transition Plan Coordinator, 2008 Enterprise Drive, Round Rock, Texas 78664

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### *For Office Use Only*

Facilities outside City jurisdiction will be forwarded to the appropriate entity by the City of Round Rock.

File #: \_\_\_\_\_ Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewer Name: \_\_\_\_\_ Title: ADA Plan Coordinator

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