



## CITY OF COLUMBIA

### AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

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

Name of Grievant: \_\_\_\_\_

Address of Grievant: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Name, Address, and Contact Number of Alternate Contact Person: \_\_\_\_\_

\_\_\_\_\_

#### Department/Division alleged to have denied access:

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Location: \_\_\_\_\_

I was denied access on: \_\_\_\_\_ (date)

#### Disability Statement:

My Disability is: \_\_\_\_\_

\_\_\_\_\_

The problem is:                      temporary\_\_\_\_\_                      permanent\_\_\_\_\_

I am seeking access to the following City of Columbia program or activity in which I haven't been able to participate because I need an accommodation: \_\_\_\_\_

\_\_\_\_\_

#### Proposed Access or Accommodation:

The accommodation I seek: \_\_\_\_\_  
\_\_\_\_\_

**Incident or Barrier:**

Please describe the particular way in which you believe you have been denied the benefits of any services, program, or activity or have otherwise been subjected to discrimination. Please specify dates, times, and places of incidents, and names and/or positions of City employees involved, if any, as well as names, addresses and telephone numbers of any eyewitnesses to any such incident. Attach additional pages, if necessary. Include a description of the way in which you feel access may be had to the benefits described above, or the way in which accommodation could be provided to allow access.

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

**Fax this form to 803-343-8752 or email [gljohnson@columbiasc.net](mailto:gljohnson@columbiasc.net) or mail to:**

Gardner Johnson, Employee Relations Manager/ADA Coordinator

City Of Columbia

Human Resources Department

1225 Lady Street, PO Box 147

Columbia SC 29217