



**City of Cleveland
Americans with Disabilities Act Title II
Grievance Form**

Date

Grievant Contact Information

Name

Address

Phone

Email

Alternate Contact Person

Name

Address

Phone

Email

Relationship to Grievant

Description of Alleged Discrimination

- Describe how, why, when, and where you believe you were denied the benefits of any City service, program, or activity or have otherwise been subjected to discrimination. Include as much background information and detail as possible;
- Provide the name(s) and contact information of any eyewitness(es) to the alleged incident;
- Provide the name(s) and/or position(s) of any City employee(s) involved in the alleged incident;
- State the proposed remedy you are requesting in response to your grievance; and
- Attach additional pages if necessary.

Grievant Signature

Date

This form may be emailed to KHouston@clevelandohio.gov or mailed and delivered to:

Aikaterini Houston
ADA Coordinator
Division of Risk Management
2001 Payne Ave.
Cleveland, Ohio 44114
216-664-4123

Alternate means of filing a grievance, such as a personal interview, will be made available for persons with disabilities upon request.