

ADA / Section 504 Grievance Complaint Form

Instructions:

This form may be submitted through GlendaleOne (preferred), by email, mail, or in person to the ADA & Accessibility Program Officer to process as the ADA Coordinator. Alternative formats (Braille, large print, audio, or personal interview) are available upon request.

Section 1: Complainant Information

Name: _____

Address: _____

City/State/ZIP: _____

Phone (optional): _____

Email (optional): _____

Note: At least one reliable method of contact must be provided (mail, phone, or email). If only U.S. mail is used, timelines will be based on the postmark date.

If filing on behalf of another individual:

Name of individual: _____

Relationship: _____

Section 2: Complaint Details

Date of alleged incident: _____

Time (if applicable): _____

Location/Facility/Program/Service involved: _____

Description of the incident (what happened, who was involved, and any witnesses):

Section 3: Resolution Requested

What action or remedy are you seeking?

Section 4: Interpreter / Assistance Needs

Please check if applicable:

I require assistance to complete or process this form. (Examples: sign language interpreter, large print, electronic format, or other support service.)

Section 5: Signature

I certify that the information provided is true and accurate to the best of my knowledge.

Signature (optional if submitted electronically):

Date: _____

Appeals

If you are not satisfied with the City's response, you may file an appeal within 15 calendar days. Appeals may be submitted to the ADA & Accessibility Officer for processing, review, and determination.

Submission Options

- Online (preferred): GlendaleOne portal at <https://glendaleone.com/G1/>
- Email: ADACompliance@glendaleaz.com
- Mail/In-Person:

City of Glendale

Attn: Tabitha Perry

ADA & Accessibility Program Office

5970 West Brown Street, Glendale, AZ 85302

Note: Filing this grievance does not limit other legal remedies available to you under federal or state law.