

Americans with Disabilities Act
Grievance Form

This form is for use by any individual who believe that he or she has been subject to discrimination by the City of Norfolk, Nebraska (“City”) based on a disability in violation of Title II of the Americans with Disability Act (“ADA”). To utilize the City’s Grievance Procedure, this form must be submitted to the ADA Coordinator within forty-five (45) days of the alleged discrimination.

Please fill out this form in detail and mail it to the ADA Coordinator at the following address:

ADA Coordinator
City of Norfolk
309 North 5th Street
Norfolk, NE 68701

If you need assistance in completing this form, the ADA Coordinator will assist you upon request. Alternative means of submitting the form, such as by personal interview or by tape recording, will be made available upon request to qualified individuals with disabilities.

Name of Complainant:

Address:

Telephone Number:

Nature of Disability:

Location of Alleged Discrimination:

Date and Time of Alleged Discrimination:

Please describe the particular way in which you believe you have been denied the benefit, service, program or activity of the City of Norfolk or have otherwise been subject to discrimination as a person with a disability by the City of Norfolk.

If applicable, please state, if known, the names of positions of any employees involved in the incident, as well as names, addresses, and telephone numbers of any witnesses to any such incident.

Please attach any and all documentation that you believe to be relevant to this complaint.