



Date Complaint Received	Complaint Number
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City of Glenn Heights - ADA Appeal Form

You must submit an appeal within 30 calendar days after you received your results or after you originally submitted your complaint, whichever is later.

I. APPELLANT INFORMATION

Name	
Address	
City – State – Zip	
Telephone	Email Address
Accessible Format Requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other	

II. PRIMARY/THIRD PARTY INFORMATION

Are you filing this complaint on your own behalf? <input type="checkbox"/> YES → If you answered “YES” to the question, go to Section III. <input type="checkbox"/> NO → If you answered “NO” to the question, answer the following questions:
a. Please supply the name and relationship of the person for whom you are appealing?
c. Please confirm that you have obtained the permission of the aggrieved party to file this appeal on their behalf. <input type="checkbox"/> YES <input type="checkbox"/> NO

III. APPEAL REASONS

I believe the Final Decision rendered in this matter should be reviewed because:

Please explain below.

IV. COMPLAINT FILING CONTACTS

Have you filed this complaint with any other federal, state or local agency or with any federal or state court? YES NO If YES, check all that apply:

Federal Agency State Agency Local Agency Federal Court State Court

Please provide information for a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

City – State – Zip Code

Telephone:

You may attach any written materials or other information that you think is relevant to your appeal.

Complainant's Signature

Date

Please submit this form via email to sirfabian.freeman@glennheightstx.gov or in person at the address below or mail this form to:

City of Glenn Heights
Human Resources Department
ATTENTION: ADA Officer
1938C South Hampton Rd.
Glenn Heights, TX 75154