



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

The Americans with Disabilities Act of 1990 (ADA), provides that no individual with a disability shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any City of Glenn Heights program, service or activity.

If you have a complaint under the ADA, complete this form and mail it or submit it in person at the following address: City of Glenn Heights Human Resource Department (ATTN: ADA Officer), 1938 C South Hampton Road, Glenn Heights, TX 75154.

I. COMPLAINANT INFORMATION

Name				
Address				
City – State – Zip				
Telephone			Email Address	
Accessible Format Requirements?	Large Print	TDD	Audio Tape	Other

II. PRIMARY/THIRD PARTY INFORMATION

<p>Are you filing this complaint on your own behalf? YES → If you answered “YES” to the question, go to Section III. NO → If you answered “NO” to the question, answer the following questions:</p>
<p>a. Please supply the name and relationship of the person for whom you are complaining?</p>
<p>b. Please explain why you have filed for a third party?</p>
<p>c. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. YES NO</p>

III. COMPLAINT BASIS

Date of Alleged Discrimination (Month, Day, Year)
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back side of this form or a separate sheet of paper.

IV. COMPLAINT FILING CONTACTS

Have you previously filed an ADA complaint with City of Glenn Heights? YES [] NO
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 complaint.

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 Resource Department
ATTENTION: ADA Officer
1938C South Hampton Rd. Glenn
Heights, TX 75154