

**TITLE II AMERICANS WITH DISABILITIES ACT GRIEVANCE PROCEDURE
FORM FOR THE CITY OF GULFPORT, MISSISSIPPI**

Instructions: Please completely fill out this form in black ink or type. Sign and deliver or mail this form to: City of Gulfport ADA Coordinator, Robert Nail, 4050 Hewes Avenue, Gulfport, Mississippi 39501. This form can also be faxed to (228) 868-5743.

1. Full Name of Grievant: _____

2. Address: _____

3. City: _____ 4. State: _____

5. Zip Code: _____

6. Home Telephone:(____) _____ 7. Business Telephone:(____) _____

8. Name of Person Alleging Violation of Title II of the Americans With Disabilities Act (if other than Grievant, above):

9. Information for Person in No. 8, above:

Address: _____

City: _____ State: _____

Zip Code: _____

Home Telephone:(____) _____ Business Telephone:(____) _____

10. Name of City Department, Officer, or Service Involved: _____

11. Information on City Department, Officer, or Service in No. 10, above:

Address: _____

City: _____ State: _____

Zip Code: _____

Home Telephone:(____) _____ Business Telephone:(____) _____

12. When did the alleged violation(s) occur? (Give Month, Day, and Year) _____

13. Describe the alleged act(s), providing name(s), where possible, of any individual(s) who allegedly violated Title II. (Attach additional pages if necessary.) _____

14. Has this complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? _____

15. If yes, please complete the following:

1. Name of agency or court where complaint has been or was submitted: _____

2. Name of the contact person with such agency or court: _____

3. Address: _____

4. City: _____ 5. State: _____

6. Zip Code: _____

7. Telephone: (____) _____ 8. Date Filed or Submitted: _____

Additional Comments: (Attach Additional Pages if needed)

Signature: _____

Date: _____

INTERNAL USE ONLY

Date when Title II Americans With Disabilities Act Grievance Procedure Form for City of Gulfport received: _____ Received by: _____
Manner in which received (e.g., mail, facsimile, etc.) _____