

**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, James O'Dell, 4050 Hewes Avenue, Gulfport, Mississippi 39501. This form can also be faxed to (228) 868-5822.*

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.)\_\_\_\_\_