



ADA Grievance Form

Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973

Instructions: Please complete this form in its entirety. Failure to provide all requested information may cause delay in response. Please mail this form to the Compliance Examiner,

City of Pasadena, 1149 Ellsworth Drive, Pasadena, Texas, 77506, or email it to mwilson@pasadenatx.gov

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Location of issue giving rise to grievance (please provide an address if possible):

Time/date of issue giving rise to grievance (if applicable): _____

Please provide information that will help us better understand your concern:

Please attach additional pages as needed.

Signature: _____ Date: _____

Office Use

Date Received: _____ Received By: _____

Reviewer Name: _____ Title: _____