
ADA Grievance Form

Instructions: Please complete and sign the form and submit it within 60 calendar days of any incident to:

Paul Kaspar - ADA Coordinator

Physical Address:
City of Bryan
300 S. Texas Avenue
Bryan, Texas 77803

Mailing Address:
City of Bryan
P.O. Box 1000
Bryan, Texas 77805

1. Type of Grievance (check all that apply):

- Accommodation Request
 Program/Service
 Facility Accessibility
 Other: _____
-

CONTACT INFORMATION

2. Reporting Individual:

Full Name:	
Address:	
City, State, Zip Code:	
Phone:	Alternate Phone:
Email:	

3. Authorized Representative of Reporting Individual (if any):

Full Name:	
Address:	
City, State, Zip Code:	
Phone:	Alternate Phone:
Email:	

DETAILS OF COMPLAINT / INCIDENT

4. Date/Time of Incident: _____

5. Department/Facility/Location Involved:

6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary.

7. Have attempts been made to resolve the complaint through a City Department? If yes, please describe the efforts that have been made.

8. What remedy are you seeking?

Signature

Date

Attach additional pages as necessary. If you need assistance, require an accessible format, or have questions about this form, please contact the City of Bryan ADA Coordinator at: pkaspar@bryantx.gov or (979) 209-5030.