



ADA GRIEVANCE FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Please provide a complete description of your grievance:

Please specify the location of your grievance:

Please state what you think should be done to resolve the grievance:

Please attach additional pages as needed.

Signature: _____ Date: _____

Please return to: City of Oxford ADA Coordinator, 107 Courthouse Square, Oxford, MS 38655

Upon request, reasonable accommodation will be provided in completing this form. Contact the City of Oxford ADA Coordinator at 662-232-2453 or go to the location listed above.