



**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 662-232-2304 or go to the location listed above.**