

ADA GRIEVANCE FORM – CHARTER TOWNSHIP OF KALAMAZOO

COMPLAINANT INFORMATION:	
Name:	
Address:	
Daytime Phone	
Email	
LOCATION INFORMATION	
Address: (If Known)	
Location Description:	
NATURE OF GRIEVANCE	
Sidewalk, Ramp	
Crosswalk, Pedestrian Signal	
Building Access:	
Programming:	
Other:	
Describe the Grievance/Complaint/Problem	
Date of Incident, If Applicable:	
FOR LOCAL/ADA COORDINATOR USE ONLY	
Person preparing form (if other than complainant):	
Date Received by Dept Head (If Appl):	
Date Received by ADA Coordinator:	
Date of Initial Contact:	
Date of Meeting or Site Visit:	
Date Assigned to Dept Head/Who:	
Date Returned from Department:	
Date ADA Coordinator's Decision Mailed:	
Date Appeal Received by Board:	
Date First on Board Agenda:	
Date Township Board Decision:	
Date Board Decision Mailed:	