TOWN OF SWANSBORO
ADA Grievance Form

Any person alleging an action prohibited by federal regulations contained in Title II of the Americans with Disabilities Act of 1990 (ADA) or Section 504 of the Rehabilitation Act of 1973 may file a written complaint with the Town of Swansboro ADA Program, within 180 days after the alleged action occurred.

Last Name:	First Name:	☐ Male ☐ Female

Mailing Address:	City:	State:	Zip:

Home Telephone:	Work Telephone:	Email Address:

Date and place of alleged action(s). Please include earliest action date and most recent action date:

Names of individuals responsible for the action(s):
(if you do not know the name(s) or there was no specific person involved you may leave this blank)

Describe the alleged prohibited action. Explain as clearly as possible what happened and why you believe this is a prohibited action:
(attach additional page(s), if necessary)

Retaliation against a complainant or individual assisting a complainant under this grievance procedure is prohibited. If you feel you have been retaliated against, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation:

Names of persons (witnesses or others) whom we may contact for additional information to support or clarify your complaint: (attach additional page(s), if necessary)

Name	Address	Telephone
1.		
2.		
3.		
4.		

DISCRIMINATION COMPLAINT FORM

Have you discussed the complaint with any Town of Swansboro representatives? If yes, please provide the name, position, and date of discussion:
Please provide any additional information that you believe would assist with an investigation:
Briefly explain what remedy you are seeking for the alleged action:

WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.

COMPLAINANT'S SIGNATURE	DATE

Mail complaint form to:
Town of Swansboro
ADA Program
601 W. Corbett Avenue
Swansboro, NC 28584

FOR OFFICE USE ONLY

Date complaint received: _____

Processed by: _____

Other action: _____