CITY OF COLUMBIA

AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

Date: _______________________

Name of Grievant: ______________________________________________________________

Address of Grievant: _____________________________________________________________

Telephone Number(s): ___________________________________________________________

Name, Address, and Contact Number of Alternate Contact Person: _______________________

Department/Division alleged to have denied access:

Department: ___________________________________________________________________

Division: ____________________________________________________________

Location: ______________________________________________________________________

I was denied access on: ________________________________________________________ (date)

Disability Statement:

My Disability is: _________________________________________________________________

______________________________________________________________________________

The problem is: temporary___________ permanent______________

I am seeking access to the following City of Columbia program or activity in which I haven’t been able to participate because I need an accommodation: _________________________

______________________________________________________________________________

Proposed Access or Accommodation:
The accommodation I seek: ____________________________________________

____________________________________________________________

Incident or Barrier:

Please describe the particular way in which you believe you have been denied the benefits of any services, program, or activity or have otherwise been subjected to discrimination. Please specify dates, times, and places of incidents, and names and/or positions of City employees involved, if any, as well as names, addresses and telephone numbers of any eyewitnesses to any such incident. Attach additional pages, if necessary. Include a description of the way in which you feel access may be had to the benefits described above, or the way in which accommodation could be provided to allow access.

____________________________________________________________

____________________________________________________________

____________________________________________________________

Fax this form to 803-343-8752 or email gljohnson@columbiasc.net or mail to:

Gardner Johnson, Employee Relations Manager/ADA Coordinator

City Of Columbia

Human Resources Department

1225 Lady Street, PO Box 147

Columbia SC 29217