



## Americans with Disability Act (ADA) Grievance Form

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If you think you've been discriminated against based on your disability or denied access to a County service, program or activity due to a disability, please complete this form and send it to:

Carol Flood  
ADA Coordinator, St. Louis County Division of Personnel  
41 S. Central Ave, 7<sup>th</sup> Floor, Clayton, MO 63105  
314-615-5429, Fax 314-615-7703, Relay MO 711/800-735-2966  
cflood@stlouisco.com

If you are requesting an accommodation for a service, program or activity, please use the Request for Accommodation form.

Alternate formats of this form are available upon request. If you are unable to submit a grievance in writing, the grievance may be submitted in an alternative format.

Please submit within thirty (30) days of the alleged denial to ensure a timely outcome. However, if a sufficient reason exists, a grievance submitted later than thirty (30) days will be considered. Final reports and resolutions are generally available within 60 days of submission.

### CONTACT INFO

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PREFERRED CONTACT METHOD: \_\_\_\_\_

### ACCESSIBILITY ISSUE

Please fill this section in as completely as possible and the appropriate Department's ADA Coordinator will contact you within 10 business days. Attached additional pages as needed.

DATE OF ISSUE: \_\_\_\_\_

PERSON INVOLVED: \_\_\_\_\_

DEPARTMENT / ACTIVITY / LOCATION INVOLVED: \_\_\_\_\_

DESCRIPTION OF THE ISSUE:

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DESCRIPTION OF YOUR EFFORTS TO RESOLVE THE ISSUE TO DATE, IF ANY:

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DESCRIPTION OF YOUR PROPOSED RESOLUTION, IF ANY:

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Signature: \_\_\_\_\_