



GRIEVANCE FORM

For Americans with Disabilities Act Title II

TO: Service Oklahoma, ADA Coordinator Service Oklahoma accessibility@service.ok.gov	Date:
FROM	
Name: (First, Last)	Phone: (Day, Evening, Fax)
Street Address: (City, State, Zip)	E-Mail Address:
SUBJECT: Grievance under Title II of the Americans with Disabilities Act	
<ol style="list-style-type: none">1. Date of Occurrence: (On or about what date did the subject of the grievance occur?)2. Location: (Where did the act or event causing this grievance occur?)3. Statement of Grievance: (You may attach an additional page(s), if necessary)4. Name(s) and Department(s) of any Service Oklahoma employee(s) against whom you are complaining.5. List the name, address, and phone number of any persons who were witnesses to the act or event of which you are complaining.6. State the nature of your disability and the reasonable accommodation you believe should be provided to you to resolve this grievance.	

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For Americans with Disabilities Act Title II

I hereby certify that the above is a true and correct statement of my grievance under Title II of the Americans with Disabilities Act.

Grievant's Signature

Date

If a person other than the above Grievant completed this form, give the name, address, and phone number of the person completing the form:

Return this form to:

Service Oklahoma ADA Coordinator
Legal Division
P.O. Box 11415
Oklahoma City, OK 73136
Or by email to accessibility@service.ok.gov

FOR SOK USE ONLY

Date Received by
SOK ADA Coordinator
