



Americans with Disabilities Act (ADA) Grievance Form

Street Address: 114 North Kidd Street, Ionia, MI 48846

Mailing Address: P.O. Box 496, Ionia, MI 48846

Ph: (616) 527-4170 Website: www.ci.ionia.mi.us

Date: _____

Purpose: Use this form to file a grievance if you find that the City of Ionia has not provided adequate accommodations for disability.

Instructions: Please complete this form and submit to the City Manager no later than 60 calendar days following the alleged violation. The ADA Coordinator will respond to any grievances within 15 days.

Grievant Information

Name of Grievant: _____

Person Preparing Grievance (If different): _____

Address of Grievant: _____ City, State, Zip: _____

Phone: _____ Email: _____

Date(s) the Incident Occurred: _____

Incident Details

Please provide a complete description of the specific complaint or grievance:

Please specify any location(s) related to the complaint or grievance (If applicable):

Please state your suggested outcome for the resolution of your grievance:

Please attach any photos or other documentation of the complaint or grievance that you have.

Signature

Signature of Grievant: _____ Date: _____

Grievances shall be submitted online or in writing to the City Manager:

Precia Garland

pgarland@ci.ionia.mi.us

P.O. Box 496

Ionia, MI 48846

Physical copies of this grievance form are available at City Hall. Upon request, reasonable accommodations will be provided in completing this form. Contact the ADA Coordinator, Precia Garland at (616) 527-5776 or via email for more information.