



ADA Grievance Form

Instructions: Please complete and sign the form and submit it within 60 business days of any incident to the ADA Coordinator:

Physical address:

Town of Flower Mound – ADA
Coordinator
2121 Cross Timbers Road
Flower Mound, Texas 75028

Phone - (972) 874-6000

Email – ADAcordinator@flower-mound.com

1. Type of Grievance (check all that apply):

Accommodation Request

Program/Service

Facility Accessibility

Other: _____

CONTACT INFORMATION

2. Reporting Individual:

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

3. Authorized Representative of Reporting Individual (if any):

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

DETAILS OF COMPLAINT / INCIDENT

4. Date/Time of Incident: _____

5. Department/Facility/Location Involved:

6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:

7. Have attempts been made to resolve the complaint through a Town Department? If yes, please describe the efforts that have been made.

8. Remedy Sought. What action do you want taken?

Signature

Date

Attach additional pages as necessary. If you need assistance, require an accessible format, or have questions about this form, please contact the ADA Coordinator at:

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